

ARMY FAMILY ACTION PLAN



SOLDIER
FAMILY
CIVILIAN

Issue Update Book

Active Issues

14 June 2005

Active Army Family Action Plan (AFAP) Issues
Sorted by Subject Area

#	Issue title	Status	Subject area	Entered
447	Audio/Video Surveillance for Child Development Centers	Active	Child Care	11/99
513	Lack of Available Child Care for Geographically Isolated Active Duty Soldiers	Active	Child Care	03/02
566	Childcare Fee Category	Active	Child Care	11/04
569	Expansion of Army Sponsored Community Based Childcare Program	Active	Child Care	11/04
546	Funding for Army-wide Arts and Crafts Programs	Active	Consumer Svcs	11/03
509	TRICARE Dental Benefit Enhancement	Active	Dental	03/02
552	Reserve Component Dental Readiness	Active	Dental	11/03
478	DoDDS Tuition for Family Members of DoD Contractors/NAF Employees	Active	Education	11/00
573	Funding for DoDDS Summer School for K-12	Active	Education	11/04
38	Family Member Employment in the Civil Service System	Active	Employment	10/88
479	Equal Compensatory Time for Full-Time NAF Employees	Active	Employment	11/00
524	Military Spouse Unemployment Compensation	Active	Employment	11/02
539	Dental and Vision Insurance Coverage for Federal Employees	Active	Employment	11/03
545	Federal Retiree Pre-Tax Health Insurance Premiums	Active	Employment	11/03
582	Windfall Elimination Provision (WEP)	Active	Employment	11/04
232	Incapacitation Pay Procedures	Active	Entitlements	10/89
458	Newly Acquired Dependent Travel Entitlement	Active	Entitlements	11/99
492	Army Retirement Benefits Awareness	Active	Entitlements	03/02
493	Basic Allowance for Housing (BAH) for Activated Reserve Component	Active	Entitlements	03/02
506	Reserve Component Retired Pay	Active	Entitlements	03/02
512	Unique Relocation Expenses Outside the Continental United States	Active	Entitlements	03/02
538	Death Benefits for Stillborn Infants	Active	Entitlements	11/03
542	Extension of Educational Benefits for Surviving Spouses	Active	Entitlements	11/03
551	Mortgage Relief for Mobilized Reserve Component Service Members	Active	Entitlements	11/03
553	Survivor Benefit Plan and Dependency & Indemnity Compensation Offset	Active	Entitlements	11/03
560	Veterans Group Life Insurance Premiums	Active	Entitlements	11/03
564	Calculation of Family Subsistence Supplemental Allowance	Active	Entitlements	11/04
380	Inadequate Support of Family Readiness Groups	Active	Family Support	10/94
480	Family Sponsorship During Unaccompanied Tours	Active	Family Support	11/00
491	Army Community Service (ACS) Manpower Authorizations and Funding	Active	Family Support	03/02
497	Distribution of Montgomery GI Bill Benefits to Dependent(s)	Active	Family Support	03/02
515	Application Process for Citizenship/Residency for Soldiers and Families	Active	Family Support	11/02
516	Application Process for Dependency Determination	Active	Family Support	11/02
519	Family Care Plan Provider Access to Military Installations	Active	Family Support	11/02
521	In-State College Tuition	Active	Family Support	11/02
527	Army Reserve Component Mobilization Preparation and Support	Active	Family Support	11/02
543	Family Readiness Group Deployment Assistant	Active	Family Support	11/03
544	Family Readiness Group Training	Active	Family Support	11/03
562	Community Based Multi-Component Family Support Network	Active	Family Support	11/03
571	Family Member Access to Army e-Learning Programs	Active	Family Support	11/04
574	Funding for Reserve Component Reunion and Marriage Enrichment Classes	Active	Family Support	11/04
576	Legality of the Family Care Plan (FCP)	Active	Family Support	11/04
351	Emergency Relief for Reserve Components	Active	Force Support	10/93
385	Montgomery G.I. Bill for Veterans Education Assistance Program Era	Active	Force Support	'94 & '01
473	Untimely Finance Transactions	Active	Force Support	11/99
483	Incentives for Reserve Component Military Technicians	Active	Force Support	11/00
486	Tax Credit for Employers of RC Soldiers on Extended Active Duty	Active	Force Support	11/00
507	Running Shoe Allowance	Active	Force Support	03/02
525	Montgomery GI Bill Expiration Date	Active	Force Support	11/02
529	Retirement Services Officer Positions at Regional Support Commands	Active	Force Support	11/02
547	HEROES Act Awareness for Reserve Component	Active	Force Support	11/03

#	Issue title	Status	Subject area	Entered
559	Unit Ministry Team Force Structure	Active	Force Support	11/03
561	Funding for eArmyU	Active	Force Support	11/03
567	Completion of Deployment Cycle Support Program by Individual Returnees	Active	Force Support	11/04
575	Leave Accrual	Active	Force Support	11/04
577	Non-Chargeable Leave for Deployed Soldiers	Active	Force Support	11/04
578	Paternity Permissive TDY	Active	Force Support	11/04
581	Stabilization from Major Training Exercises after Deployment	Active	Force Support	11/04
122	Nonsubsidized RC Group Health and Dental Insurance	Active	Medical	10/88
488	TRICARE Prime Remote for Fam Members Not Residing with Military Sponsor	Active	Medical	03/02
510	TRICARE for Reserve Components	Active	Medical	03/02
517	Availability of TRICARE Authorized and Network Providers in Remote Areas	Active	Medical	11/02
523	Medical Coverage for Activated Reserve Component	Active	Medical	11/02
532	Standardized Army-wide Pregnancy Program for Soldiers	Active	Medical	11/02
535	TRICARE Pre-Post Natal Benefits Information	Active	Medical	11/02
537	Availability of Authorized TRICARE Providers	Active	Medical	11/03
563	Availability of Refractive Eye Surgery	Active	Medical	11/04
568	Dental Services for Retirees Overseas	Active	Medical	11/04
570	Expiration of TRICARE Referral Authorizations	Active	Medical	11/04
572	Family Member Eyeglass Coverage	Active	Medical	11/04
556	TRICARE Coverage for School Required Enrollment Physicals	Active	Medical	11/03
558	TRICARE Prime Travel Cost Reimbursement for Specialty Referrals	Active	Medical	11/03
522	Marriage and Family Counseling Services in Remote Areas	Active	Medical/Command	11/02
220	Exceptional Family Member Program (EFMP)	Active	Medical/Command	'89 & '94
465	Reserve Component Post Mobilization Counseling	Active	Medical/Command	11/99
474	Shortage of Professional Marriage and Family Counselors (CONUS)	Active	Medical/Command	05/00
501	Funding for Exceptional Family Member Program (EFMP) Respite Care	Active	Medical/Command	03/02
540	Duration of Transitional Compensation for Abused Dependents	Active	Medical/Command	11/03
307	Inferior Shipment of Household Goods	Active	Relocation	10/91
457	Modification of Weight Allowance Table	Active	Relocation	11/99
526	OCONUS Shipment of Second POV for Accompanied Tours	Active	Relocation	11/02
531	Spouse Professional Weight Allowance	Active	Relocation	11/02
580	Reimbursement of Rental Car for OCONUS PCS Moves	Active	Relocation	11/04
439	Teen Program Standardization	Active	Youth	03/97
502	Funding for Installation and MACOM Youth Leadership Forums	Active	Youth	03/02

Issue 38: Family Member Employment in the Civil Service System

a. Status. Active.

b. Entered. AFAP VI; 1988.

c. Final action. No. (Updated: Mar 05)

d. Subject area. Employment.

e. Scope. Jobs announced on the Office of Personnel Management (OPM) registers are typically entry-level positions. Jobs of consequence are frequently announced only internally. Since nonstatus family members are not allowed to apply for internal vacancies, employment of family members in these jobs is dramatically reduced or delayed. Additionally, family members hired overseas on an Excepted Appointment to positions designated for US citizens do not have career status and time served in any Excepted Appointment overseas does not count toward the three-year requirement to attain career status.

f. AFAP recommendation. (inferred since no recommendations were submitted in 1988)

(1) Increase Federal employment opportunities for active duty family members who do not have prior Federal service.

(2) Allow family members hired on Excepted Appointments to attain career-conditional/career status.

g. Required action.

(1) Market and improve accessibility of employment information to military and family members using various venues.

(2) Aggressively support legislative initiatives to simplify the civilian employee appointment system.

h. Progress.

(1) *Issue history.* This issue initially sought to increase employment opportunities in the Army for family members who have no prior Federal service. The Excepted Appointment component was added in Jan 03 after the Nov 02 GOSC concurred with combining Issue 498 with Issue 38.

(2) *Background.* Family members must compete with non-Army applicants through OPM registers for initial appointment. The drawdown has reduced recruitment requirements resulting in fewer employment opportunities for non-Army applicants.

(3) *Past initiatives to increase employment opportunities.*

(a) Since 1985, the Army has pursued a number of initiatives with OSD and OPM to pursue legislation that would reform and streamline the civil service system to include hiring processes. Several efforts stalled in Congress. In the late 1990's, OSD collaborated with the Army, the other DOD components, and the Defense Partnership Council union partners to develop an alternative civilian personnel system within 5 USC. Unfortunately, the working groups did not reach consensus on issues regarding bargaining and the rights of management.

(b) In May 00, Army drafted an Executive Order (EO) proposal to expand military spouse authorities to allow any military spouse appointment eligibility. OSD non-concurred with the proposal based on lack of a compelling need to expand the existing EO.

(4) *Recent initiatives to increase employment opportunities.*

(a) In May 04, OSD staffed two separate proposed policy changes to PPP policy.

1. One proposal is to permanently implement MSP Choice DOD-wide. MSP Choice, a two-year pilot program in the European theater (EUCOM), concluded in Aug 03, tested a temporary change to DODI 1404.12 (Employment of Spouses of Active Duty Military Members Stationed Worldwide). The change allowed military spouses greater latitude to accept temporary, term, time limited, intermittent, or flexible employment with U.S. Forces and retain their MSP eligibility for permanent positions of primary personal interest to them. EUCOM, United States Army, Europe, and other participating Components, evaluated the test to be very successful and recommended implementation on a permanent basis in overseas areas. In addition, Army supports a modified implementation within the United States.

2. The second policy proposal OSD staffed would change the priority status of military spouses from 3 to 2 in PPP. Army nonconcurred with this change, having concluded that such a change would in reality eliminate priority for everyone. Equity for all employees' whose work situations are adversely impacted continues to be of the highest concern to Army. During the staffing process, Army recommended eliminating the MSP eligibility requirement that the military sponsor be married prior to reporting to a new commuting area duty station. Eliminating this requirement would increase military spouses' eligibility periods and opportunities to invoke MSP. This issue is of increasing importance, paralleling the military restationing initiative. As of this date, OSD is still internally coordinating and staffing the proposed policy changes. A final decision on any program changes is likely in the near future.

3. The Military to Civilian Conversion initiative is providing significant additional opportunities for military family member employment. As of this date CHRA has received requests to hire over 2,300 civilians to fill converted military positions.

(b) MEDCOM and AMEDD conducted a spouse and family member referral program test from Feb 03 – Feb 04. The Transition Employment Assistance for MEDCOM/AMEDD (TEAM) provides advance notices to MEDCOM supervisors of incoming spouses and family members who will accompany military or civilian sponsors to new permanent assignments. The electronic notices enable supervisors within participating MEDCOM activities to review resumes for possible job offers even before the family member's arrival. To be eligible for TEAM, either the family member or sponsor must be affiliated with MEDCOM or the AMEDD, the sponsor must have received notification of new assignment or the equivalent, and the family member must relocate with the sponsor. As of Jan 05, 158 family members have participated in various locations around the world. There have been 86 job offers (54% of participants). TEAM's website is <https://ncweb.ria.army.mil/team/>. Expansion Army-wide would require additional study.

(c) RESUMIX DEU, Sep 04, will provide on line application capability to individuals who do not work for the Federal government. The Civilian Personnel On Line (CPOL) website at <http://www.cpol.army.mil/> will be totally redesigned. The main portal will provide direct access to three areas, including a new consolidated civilian employment page. In addition, RESUMIX, RESUME

BUILDER, and ANSWER improvements were launched first quarter, FY04.

(f) The Asst G-1/CPD has partnered with the Army Spouse Employment Partnership (ASEP) and the Army Well-Being Liaison Office (AWBLO) to provide civilian employment program information to military families. The ACS website (<http://www.myarmylifetoo.com>) contains access to the ASEP's Military Spouse Corporate Employment Opportunities page. Each partner provides a link to his or her company's employment information. In addition, military and family member spouse employment information was published in the Army Well-Being magazine, Winter 2003 issue, and Jan 04 FLO Notes.

(4) *National Security Personnel System (NSPS)*. On 24 Nov 03, President Bush signed the FY04 National Defense Authorization Act (NDAA), which provides for the establishment of the NSPS. OPM and union collaboration is ongoing on the NSPS concept. Until collaboration is complete, no "rules" will have been developed. Army's implementation team is an active member of a coalition of support and participation with OSD to ensure spouse and family member awareness and advocacy. Major commands and focus groups (both management and employees) were solicited for initiatives. Recommendation #2 above is part of the Army package of initiatives to go forward to OSD.

(5) *GOSC review*.

(a) *Oct 91*. Army will continue to pursue easier ways for family members to enter Federal employment.

(b) *Oct 95*. Army will continue to pursue legislation that would make it easier to appoint people.

(c) *Oct 97*. Issue will explore ways to give non-status employees easier access to federal employment and to track initiatives to reshape the federal workforce.

(d) *May 00*. Efforts to streamline application for federal employment have been thwarted by concern from special categories (Vets, handicapped) and union bargaining.

(e) *Nov 03*. The VCSA asked for a review of military spouse preference (MSP) for civilian employee spouses, MSP priorities, and MSP eligibility once in an assignment area.

i. Estimated cost. Accomplishing the recommendations requires DOD and Army commitment of many years costs for at least three years, teams of human resource specialists and functional experts designing, writing, approving, publishing and implement the NSPS.

j. Lead agency. DAPE-CP-PPE.

k. Support agency. CFSC-FSA, DAPE-HR

Issue 122: Nonsubsidized RC Group Health and Dental Insurance

a. Status. Active.

b. Entered. AFAP VI; 1988.

c. Final action. No. (Updated: Mar 05)

d. Subject area. Medical.

e. Scope. Availability of affordable group health care for RC soldiers and their families is limited. This has an adverse effect on readiness. Many reservists are unemployed, self-employed, students, or work for companies that do not provide employer health or dental insurance.

f. AFAP recommendation. Obtain legislation that would permit the Secretary of Defense to pursue a self-funded (no cost to Government) healthcare insurance plan for the

RC.

g. Required action.

(1) Propose legislation to OSD that would permit the Secretary of Defense to pursue a self-funded (no cost to the Government) health/dental insurance plan for the RC.

(2) Obtain results and analyze RC survey data.

(3) Implement Selected Reserve Dental Program.

(4) Obtain legislation for self-funded health care plan for RC members.

h. Progress.

(1) *Combined issues*. In Dec 90, Issue 283, "Self-Funded Group Health Plan for Reserve Component," was combined with this issue, and dental insurance was included as a AFAP recommendation. An AFAP recommendation to pursue AER assistance for RC soldiers was transferred to Issue 351, "Emergency Relief for Reserve Components".

(2) *RC dental insurance*.

(a) The FY96 NDAA mandated implementation of a reserve dental insurance program. The TRICARE Selected Reserve Dental Program, effective 1 Oct 97, was a 60% Government subsidized dental plan for Selected Reserve members.

(b) Effective 1 Feb 01, reservists and their families can enroll in the TRICARE Family Member Dental Plan. The plan is subsidized (60%) if the reservist is called to active duty. Reservists pay full premiums when in Reserve status.

(3) *RC healthcare*.

(a) The House markup for the FY92 NDAA required OSD to submit a feasibility study to Congress by Feb 92. The interim report indicated that medical insurance would most likely be too expensive for most reservists without some Government subsidy.

(b) OSD(RA) review of the 1986 Reserve Personnel Survey data found most Reservists have medical insurance, but few have dental insurance. OSD(RA) and RAND Corporation included insurance-related questions for the 1992 Survey of RC Personnel and Spouses that asked about existing medical and dental insurance, interest in coverage through their military affiliation, and the premium levels that would be acceptable. Results indicated that reservists desired coverage more extensive than the premiums they were willing to pay.

(c) Section 746 of the FY97 NDAA directed a study to improve the provision of medical and dental care to RC members. The "746 Study" focused on ensuring uniformity and consistency in the provision of such care. The Army concurred with the concept but requested further validation of cost estimates contained in the report. OSD(RA) incorporated Service input and forwarded the response to Congress (Nov 99).

(d) OSD's recommended a survey to determine how many RC members are uninsured and in need of additional health insurance protection. Questions related to health care were included in the FY00 RC survey distributed to members in Aug 00. Preliminary results revealed that approximately 21% of RC members are not covered under some health plan.

(e) S. 1119 required OSD to study the extent of the coverage of members of the Selected Reserve of the Ready Reserve of the Armed Forces under health benefits plans and to submit a report to Congress not later than 1 Mar 02 on the results. The study was contracted to

RAND and to-date, they have only provided a preliminary draft report on the first phase of the study. No known completion date.

(f) USD(P&R) also initiated a contract study on Reserve healthcare. The study requirements are similar to those in the congressionally directed Reserve healthcare study. The data-gathering phase was completed and a preliminary draft of the findings was prepared on reserve healthcare and civilian employer coverage (Jun 03). The information drew from the 2000 RC survey and the finding of a GAO report on reserve healthcare. The next phase calls for focus groups with reservists and their spouses and interviews with TRICARE officials and employer health-benefits managers. The final phase will be to develop and assess specific alternatives to the current approach of relying on TRICARE.

(g) A RC health care initiative was considered in the FY03 ULB cycle to provide financial assistance that would make it more attractive for an RC member to maintain coverage under his or her civilian employer-provided health care plan for the family. This would allow the family to maintain continuity of health care, rather than moving between two health care programs. The initiative was deferred until the FY04 ULB cycle but was not reintroduced. SR2400 would authorize all members of the Selected Reserve to participate in TRICARE Standard on a cost sharing basis (individual 28%/government 72%).

(h) Defense Supplemental and FY04 NDAA.

1. Granted authority to provide medical and dental screening and necessary care for members who have been alerted for mobilization to ensure members are fit for active duty, meet deployment standards, and are provided any necessary treatment when a deficiency is detected.

2. RC members are eligible for TRICARE upon receipt of a "delayed effective date active duty order" of greater than 30 days in support of a contingency or 90 days prior to mobilization whichever date is later.

3. The period of transitional medical assistance for Reserve members separated from active duty of more than 30 days in support of a contingency operation—previously 60 or 120 days—has been extended to 180 days.

4. A provision that permits members of the Selected Reserve who are unemployed or are not covered under an employer-sponsored health plan to enroll in TRICARE for a fee. DOD plans to work with the Congress to improve these new temporary health benefits for reservists and to establish a permanent healthcare benefit package for Guard and Reserve members and their families.

(i) For the FY05 ULB legislative cycle, OSD Health Affairs sponsored an Air Force proposal that would provide members of the Selected Reserves with three health-care options; 1) enroll in TRICARE Prime; 2) opt for RC Health Care Voucher of approximately \$455 per month toward monthly premium of a private employer health care insurance plan; or 3) do nothing. At the 14 Mar 03 ULB summit, the initiative was deferred until the FY 2006 (enactment) legislative cycle. In lieu of the proposal, the Air Force proposed a modified version that would make permanent the temporary healthcare provision enacted in the Defense Supplemental Appropriations

and the FY04 NDAA and allow for TRICARE benefits on a non-contributory arrangement for members of the Selected Reserve who participate for more than 38 days a year.

(j) Both the House and the Senate Defense Authorization bills for FY05 would require the DOD to conduct a project that would allow reserve members who are unemployed or not eligible for employer-sponsored health insurance to participate in TRICARE. The project would allow the Department to assess the effects of the demonstration program on recruiting, retention and readiness. The Senate bill also includes a provision that would allow all members of the Selected Reserve and those members of the Individual Ready Reserve who are in the special mobilization category under 10 USC 10144(b), and their dependents to participate in TRICARE.

(k) There is no legislation to pursue a self-funded no cost to the government health care insurance plan. The National Defense Authorization Act for FY05 established a cost sharing health care benefit for Reserve component members, and their families. The program allows the member and his or her dependents to use TRICARE Standard (regardless of duty status) for one year for each 90 consecutive days the member serves on active duty in support of a contingency operation. The TRICARE Reserve Select program, as it is being called, requires the member to agree to serve in the Selected Reserve for the period of coverage elected.

(4) *GOSC review.*

(a) *May 93.* Issue will remain active pending release of data from the 1992 RC survey and the results of the administration's health care plan.

(b) *Apr 96.* Medical insurance with no subsidy would cost approximately \$150 per month. Reservists indicate that \$50 is the desired payment. Cost issue must be explored further.

(c) *May 99.* Army will review OSD study results on potential improvements to RC medical and dental care.

(d) *Nov 02.* A legislative proposal to allow reservists to continue civilian coverage was deferred to FY05.

i. Estimated cost. No cost estimated.

j. Lead agency. DAPE-PRC.

k. Support agency. OSD.

Issue 220: Exceptional Family Member Program (EFMP)

a. Status. Active.

b. Entered. AFAP VII; 1989. Reopened Apr 94.

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical/Command.

e. Scope. There is inadequate identification of Exceptional Family Members (EFMs). CONUS commanders are not enforcing the screening process. Upon identification, soldiers are failing to enroll EFMs due to fear of hurting their careers. Screening and coding problems are partially due to lack of a fully automated data system with worldwide accessibility. Inadequate information on available services and facilities causes PERSCOM to inaccurately assign soldiers with EFMs. There is no priority staffing of EFMPs with EFMs as their main consideration. A serious underfunding exists on the medical side of EFMP.

f. AFAP recommendation.

(1) Establish an Army-wide procedure (to include RC)

to identify EFMs upon in-processing, routine medical care, and DoDDS registration overseas. Enforce mandatory enrollment upon identification of EFMs.

(2) Replace the current partially automated EFMP data system with an Army-wide standard integrated system.

(3) Continue to improve and monitor the screening and coding process prior to OCONUS assignments.

(4) Establish an Army-wide marketing and education program to inform soldiers and chains of command about the intent of EFMP and dispel myths regarding detrimental effect of enrollment upon a soldier's career.

(5) Improve CONUS reassignment procedures to verify availability, accessibility, and affordability of services and facilities.

(6) Appoint installation or community EFMP coordinators whose primary responsibility is EFMP.

(7) Fully fund the EFMP medical mission of screening, evaluating, coding, training, and treatment of educationally handicapped DoDDS children overseas.

(8) Address EFMP staffing shortages and unfilled positions.

(9) Standardize EFMP enrollment forms among the Services.

g. Required action.

(1) *1989-1993 action plan.*

(a) Publish EFMP regulation.

(b) Recommend implementation of an Army-wide automated and integrated EFMP database.

(c) Publish EFMP marketing articles.

(d) Request integration of EFMP into POIs in Army schools.

(e) Study feasibility of an EFMP video.

(f) Review and make appropriate changes to CONUS reassignment procedures.

(2) *1994-2004 action plan.*

(a) Conduct in-depth study of EFMP.

(b) Justify and request sufficient funding.

(c) Participate with DoD in preparation and coordination of standardized EFMP medical and educational questionnaires.

(d) Develop and test DoD EFMP Medical and Educational Summary Form

(e) Complete OMB approval process to use DoD EFMP Medical and Educational Summary Form; obtain OMB approval for DD Form 2792; post form on DoD forms website.

(g) Obtain opinion from DOD Office of General Counsel on voluntary disclosure of information on DD Form 2792.

(h) Staff and publish change to AR 608-75.

(i) Monitor validated ACS EFMP requirements through Planning, Programming, Budgeting, and Execution System.

(j) Post revision to AR 608-75 to USAPD web site

(k) Submit requirement for ACS EFMP staffing resources through Planning, Programming, Budgeting and Execution System FY06-11

(l) Review BRAC list on 13 May 05 to determine if it affects ACS EFMP manpower authorizations.

h. Progress.

(1) *History.* This issue was completed by the Oct 93 GOSC based on program improvements. The Apr 94 GOSC reopened the issue following a DAIG review of EFMP that identified numerous problems including un-

filled positions, staffing shortages and lack of standardization among the services. Recommendations 8 and 9 were added to the issue.

(2) *EFM identification.* AR 600-75, published Jun 90, contained guidance on family member deployment screening and screening during routine medical care. AR 600-75, changed to AR 608-75 (Dec 93) requires commanders to enforce mandatory enrollment upon identification of EFMs. AR 608-75 (1997 revision), requires initial entry training soldiers to identify EFMs during reception battalion inprocessing.

(3) *Database.* A CFSC evaluation of the EFMP data system indicated the system was accomplishing the mission, but the automated support did not have the required connectivity. End of FY 93 funds allowed PERSCOM to fund an integrated database that interfaces with ACS medical centers and other distributors. The EFMP database was implemented in Jan 96.

(4) *Processing.* Efforts are ongoing to improve and monitor the family member deployment screening and coding process. Memoranda are forwarded to losing installation commanders about screening errors. Graduate medical education courses and coding conferences are conducted to enhance the processing of EFMs.

(5) *Marketing and education.*

(a) In 1990, ARNEWS published two articles dispelling myths about EFMP and consideration of special needs in the assignment process. In 1991, ARNEWS published an article about DA civilian employees identifying EFMs with special education and medically related service needs when processing for an assignment outside the United States.

(b) DCSOPS reported (May 90) that EFMP information is integrated, where possible, into officer and NCO education courses that teach family awareness and chain of concern.

(c) In FY 92, CFSC distributed to ACS centers a video, "Facts About the Exceptional Family Member Program." It includes screening requirements, enrollment process, consideration of special needs in the assignment process, and services. Another video (FY95), "EFMP: The Key to Relocation Success," helps civilian personnel offices counsel civilian employee families with special needs during overseas processing.

(d) In FY95, two EFMP handbooks were disseminated to ACS offices to assist EFMP coordinators with program implementation and help families become more knowledgeable and skilled advocates for their EFMs.

(6) *Reassignment procedures.* CFSC reviewed CONUS EFMP reassignment procedures and determined that PERSCOM considers availability and accessibility of resources for enrollees before issuing assignment instructions. The TRICARE program is a valid method of meeting the health care needs of the beneficiary population.

(7) *Staffing shortages and unfilled positions.*

(a) The CFSC conducted an in-depth study of EFMP to respond to DAIG concerns. The U.S. Army Manpower Analysis Agency Staffing formula reflects 87 full-time equivalent requirements for ACS EFMP. Currently (Sep 04), 53 authorizations exist for 87 ACS EFMP requirements, all of which are filled, leaving a delta of 34 authorizations. Funding for the additional 34 authorizations was validated by the IIPEG in the FY 06-11 POM.

(b) According to the U.S. Army Medical Command,

staffing for EFMP screening and enrollment is sufficient to meet mission requirements in AR 608-75.

(c) The United States Army Manpower Analysis Agency Staffing formula reflects 87 full-time equivalent requirements for ACS EFMP. Currently, 53 authorizations exist for 87 ACS EFMP requirements; all of which are filled—leaving a delta of 34 authorizations. Funding for the additional 34 authorizations has been validated by the Installation Program Evaluation Group (IPEG) in the FY06-11 Program Objective Memorandum (POM) for QACS (Code to track ACS funds) Management Decision and Evaluation Package (MDEP).

(d) According to the U.S. Army Medical Command, staffing for EFMP screening and enrollment is sufficient to meet mission requirements in AR 608-75.

(8) *EFMP standardization via DD Form 279 and AR 608-75.*

(a) In 1997, DOD developed an EFM Medical and Educational Summary test form which was tested in FY99. OMB approved the enrollment forms as DD Form 2792, and DoD fielded a memorandum containing the form in Jun 00. The Army Office of the Judge Advocate General expressed objection to the Privacy Act Statement on the DD Form. The Defense Privacy Office advised voluntary disclosure of information for the civilian work force and mandatory disclosure for military members to which OTJAG agreed. However, the Defense Office of Program Integration challenged mandatory disclosure when the revised form was submitted for publication, because mandatory in the Privacy Act Statement implies that an individual who does not complete the form can be criminally prosecuted. Neither the Air Force, Navy nor Marine Corps criminally prosecute for non-disclosure. The Army JAG and AR 608-75 (EFMP) indicated that criminal prosecution is a possibility, and the Army JAG did not agree to disclosure as voluntary. In 4th Qtr FY 02, CFSC-FP-A completed staffing of revision to AR 608-75 so the Army could use the medical and educational content of the DD Form 2792 but retain its own disclosure statement. While revising the DD Form 2792 and the proposed Army form to comply with HIPPA, the Army agreed to use the DD Form 2792. DoD modification of DD Form 2792 as follows resolves the long-standing Privacy Act Statement dispute making enrollment voluntary for civilian employees and applicants for civilian employment; with failure to respond precluding the successful processing of a application for family travel/command sponsorship. Enrollment is mandatory for military personnel; and failure to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), UCMJ.

(b) In addition, DoD established a new DD Form 2792-1 to separate medical and educational data collection for HIPPA compliance

(c) OMB approved DD Form 2792 and DD Form 2792-1. DoD posted the DD Form 2792 and DD Form 2792-1 on the DoD forms web site for implementation.

(d) CFSC-FP-A submitted AR 608-75 revision to USAPA requiring use of the DD Form 2792 and DD Form 2792-1 for enrollment of exceptional family members.

(8) *GOSC review.*

(a) *Oct 93.* Issue was completed based on integrated database, improved screening, mandatory EFM enrollment, effective marketing, and adequate funding.

(b) *Apr 94.* Issue was reopened by the GOSC following a DAIG review of the EFMP that identified numerous problems including, but not limited to, lack of EFMP standardization among the service, unfilled positions, and staffing shortages.

(c) *Apr 98.* Issue remains active to track standardization of EFMP enrollment forms.

(d) *Nov 00.* The VCSA directed a review of the timeline for EFMP screening as well as a review of the screening and processing function.

(e) *Jun 04.* Issue remains active to obtain funding for the additional 34 EFMP requirements.

i. Estimated cost. The cost is \$1.8M for the additional 34 authorizations for ACS EFMP.

j. Lead agency. CFSC-FP.

k. Support agency. AHRC-EPO-A/U.S. Army Medical Command

Issue 232: Incapacitation Pay Procedures

a. Status. Active.

b. Entered. AFAP VII; 1989. Reopened in Apr 94.

c. Final action. Active (Updated: Mar 05)

d. Subject area. Entitlements.

e. Scope. The procedure for verification and receipt of incapacitation pay is not timely. Incapacitation pay is awarded to reservists who are injured performing military duties when the extent of their injuries prevents them from performing their military duties or civilian occupations. In such cases, the immediate loss of the civilian income needs to be offset in a more timely manner than the incapacitation pay procedure allows.

f. AFAP recommendation.

(1) Modify incapacitation pay procedures to ensure verification and award of incapacitation pay within 1 month from date of injury.

(2) Extend Army Emergency Relief (AER) eligibility to RC soldiers injured in the line of duty if the severity of the injury is sufficient to warrant receipt of incapacitation pay. The developed procedure would allow immediate access to AER. (*This recommendation was transferred to Issue 351, "Emergency Relief for Reserve Components"*)

g. Required action. Publish AR 135-81, AR 600-8-4, and DA Pam 135-381.

h. Progress.

(1) *History.* This issue was initially resolved in 1989 based on procedures in place at that time. It was reopened by the Apr 94 GOSC because of continued concern about the timeliness of incapacitation pay processing.

(2) *Army Emergency Relief eligibility.* Based on their charter, AER only provides monetary assistance to RC soldiers who are injured while on continuous active duty of 31 days or more. This AFAP recommendation is being tracked in Issue 351, "Emergency Relief for RC".

(3) *DoD policy.* The Incapacitation Pay processing standard is based, per DoD Directive 1241.1, on the number of days from date of notification, rather than date of injury. The DoD target is that incapacitated reservists' cases will be processed and decided within 30 days of the notification of the injury, illness, or disease. Frequently,

the nature of the medical condition does not manifest itself for days after the duty has been executed (i.e., back injuries, illnesses, most diseases) making this a more realistic standard. RC commanders are held to this 30-day requirement. The primary factor impeding claim processing is the completion of the line of duty investigation. Currently all incapacitation pay processing is in accordance with the DODD and DODI.

(4) Approval authority.

(a) ODCSPER message (20 Oct 93) granted delegated approval authority for all claims (both initial and extensions beyond 6 months) to NGB and OCAR. This change streamlined processing and resulted in reduction of time for approval and payment of claims. This message change is part of a pending revision to AR 135-381, Incapacitation of Reserve Component Soldiers.

(b) Due to reorganization of OCAR and HRC, the Secretary of the Army delegation for statutory approval of incapacitation pay claims over 6 months (180 days) is delegated to the Chief, NGB and the Chief, Army Reserve. The CAR further delegates the authority to the Army Reserve G-1 (AFRC-PRS-M) for the entire Army Reserve. HRC-St Louis will have approval authority for IRR/IMA claims up to 180 days. Claims exceeding this period will be forwarded to AR G-1 for approval. Army DCS, G-1 is the appeal authority for cases exceeding 180 days.

(5) Policy changes.

(a) AR 135-381, governing incapacitation pay, was published in Jun 90. Initial staffing to revise this regulation was initiated in Oct 93, but publication was delayed to reconsider suggested improvements from the principal agencies. The rewrite and staffing was accomplished for both AR 135-381 and a new DA Pamphlet 135-381, however, OTJAG was unable to review the regulation and DA Pam until the publication of the new Department of Defense Directive (DODD) 1241.1, Reserve Components Incapacitation Benefits. Both AR 135-381 and DA Pam 135-381 are at OTJAG for the third legal review.

(b) DODI 1241.2 was staffed for approval Apr 03. AR 135-381 and DA Pamphlet 135-381 were reviewed by OTJAG. Objections were addressed by G-1.

(c) AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations Regulation, was published 15 Apr 04.

(6) GOSC review.

(a) Oct 97. Issue will remain active until publication of the Army regulations.

(b) Nov 98. The VCSA asked ODCSPER to draft a letter for his signature to the president of the AER board asking for a reconsideration of the RC issue out of cycle.

(c) Nov 02. The GOSC was updated on the publication cycle for the regulatory changes.

i. Estimated cost. No additional cost associated with the procedure changes.

i. Lead agency. DAPE-PRC.

j. Support agency. AFRC-PRS-M, NGB-ARP-DA.

Issue 307: Inferior Shipment of Household Goods

a. Status. Active.

b. Entered. AFAP IX; 1991.

c. Final action. No. (Updated: May 05)

d. Subject area. Relocation.

e. Scope. Inferior shipment of household goods for the Total Army family results in high claims, loss of duty

time, and causes large out-of-pocket expenditures.

f. AFAP recommendations.

(1) Implement a policy to establish local databases by FY93 on contractor performance and claims process to determine the Best Value Movers. Award contracts to the Best Value Movers based upon their comparative costs that include low bid and claims history.

(2) The Installation Transportation Officer and Staff Judge Advocate will submit a quarterly report containing bid and claims history statistics for each carrier through the Director of Logistics to the SDDC.

(3) Provide full replacement value for lost or damaged household goods.

g. Required action.

(1) Replace the Total Quality Assurance Program (TQAP) with a customer satisfaction survey system.

(2) Develop an interface between Transportation Operational Personal Property Standard System (TOPS) and a Central Web Application (CWA) with a costing engine for E-commerce billing and payment using Power Tracks.

(3) Adopt best value traffic award procedures.

(4) Streamline the claims/liability process.

(5) Implement an integrated information management system.

h. Progress.

(1) *Combined issue.* The May 01 GOSC directed that Issue #482, "Full Replacement for Household Goods Shipments" be combined with this issue since full replacement is integral to the reengineering of the HHG program.

(2) *Program goals.* Program goals are to get the best service for our service members as possible. To accomplish this, the Services need to get the best value from transportation service providers (TSPs). Best value means selecting TSPs on the basis of performance (customer satisfaction and claims) as well as price, which will result in on time pickup and delivery, efficient packers/movers, and limited loss and damage. The Total Quality Assurance Program will be replaced by a customer satisfaction survey system and the service member will file claims on-line. The Defense Personal Property System (DPS) will provide integrated information management and end-to-end continuity.

(3) *DoD reengineering plan.* Since 1994, DOD has been actively pursuing initiatives to improve the shipment of household goods. FY96 Defense Authorization Language directed DoD to undertake a pilot program to implement commercial business practices and standards of service for movement of household goods. DoD established a plan to simultaneously test and evaluate the results of four pilot programs and incorporate best industry practices into one reengineered process.

(a) The MTMC pilot (Jan 99-Jan 02) selected moving companies based on "best value", not lowest cost.

(b) The Sailor Arranged Move (SAM) pilot (Jan 98-Apr 01) allowed Navy members to review carrier performance records and select their own mover.

(c) A test to outsource the movement of household goods to a move management service at Hunter Army Air Field, GA (Jan 97) was expanded by DOD into a fourth pilot, the Full Service Moving Project (FSMP).

(d) Full Service Moving Project (FSMP) (5 Jan 01-30 Sep 01) tested outsourcing the Personal Property

Shipping Office functions to a commercial relocation company.

(4) *Pilot evaluation.* The Commander USTRANSCOM directed the establishment of a program oversight office at SDDC to work with the Services and industry to develop an implementation strategy and detailed cost assessment for fixing this critical quality of life program. The program oversight office is finalizing new business rules DPS contractor on development of DPS for Oct 05 rollout. Key features of the program include:

(a) Full value (replacement) protection for lost or damaged property,

(b) Best value award of DoD personal property business,

(c) Customer satisfaction surveys to measure TSP performance.

(d) Direct claims settlement between the TSP and service member,

(d) Direct communication between the service member and the TSP

(e) E-commerce billing and payment using PowerTrack

(5) *Status.* The immediate goal is to implement some minimal cost features in FY04, i.e. E-commerce billing, payment using PowerTrack and customer satisfaction surveys to set the stage for the FY06 roll out. The Military Services support the new program, however they have concerns regarding the estimated 13% increase in cost over the current program. Offsets, gained by program efficiencies, can reduce new program costs. Continued senior leadership support is essential for obtaining funding in the Program Objective Memorandums for FY06. Legislation providing for the payment of full replacement value (FRV) was included in the 2004 Defense Authorization Act. FRV will be implemented in Oct 05 as part of Phase II rollout.

(6) *GOSC review.*

(a) Oct 92. MTMC will establish a Best Value program that evaluates and rates HHG carriers.

(b) Oct 94. MTMC will report back to the Apr 95 GOSC a concrete plan that will provide quality HHG shipments.

(c) Apr 95. Test programs are scheduled for the Summer 1996. The summer surge problems are being addressed.

(d) Apr 96. The VCSA requested a follow up report on the pilot to see how it worked.

(e) Mar 97. New contracts will give the Army the legal hammer necessary to remove substandard vendors.

(f) Nov 98. Issue remains active to track the HHG pilot.

(g) Nov 99. Pilot results were provided, and the GOSC was told that one of Secretary Cohen's quality of life initiatives is to improve the HHG moving program.

(h) Nov 00. The VCSA voiced support for including successful initiatives into the HHG program (e.g., full replacement value for lost or damaged items). Funding is the major issue impeding implementation of changes.

(i) Mar 02. The services implemented toll free numbers to track shipments and improved qualification procedures.

(j) Nov 04. The Army should factor into the cost estimate current initiatives to extend Soldiers' time on station and restationing of troops from Europe to CONUS.

(j) May 05. The DPS rollout is on track. SDDC held briefings with Services and Industry to outline functionality and process changes. Key to the challenges remaining is the funding of this program; specifically a \$105M cost increase for the Army.

i. Estimated cost. "Families First", the future personal property program, is estimated to cost the Army \$105M more than the current personal property program (FY06).

i. Lead agency. DALO-TSP.

j. Support agency. SDDC

Issue 351: Emergency Relief for Reserve Components

a. Status. Active

b. Entered. AFAP XI; 1993.

c. Final action. No. (Updated: Mar 05)

d. Subject area. Force support.

e. Scope. During periods of limited activation, emergency and hardship situations occur which affect soldier readiness and morale. Currently, AR 930-4 authorizes financial relief only when these soldiers are on continuous active duty for 30 days or more. There is a definite need for emergency financial assistance for RC soldiers and their families when activated for fewer than 30 days.

f. AFAP recommendation. Establish emergency relief assistance for RCs activated for fewer than 30 days.

g. Required action.

(1) Forward issue to AER Board of Managers for review.

(2) Request opinion from TJAG regarding the legality of establishing a RC managed emergency relief fund for reservists serving on active duty for less than 30 days.

(3) Research RC authorization to work directly with a private organization to establish a relief fund. Investigate feasibility of private organizations assuming program management.

(4) Submit additional requests from the Chief, Army Reserve (CAR) to the Director, AER, to identify impediments to the RC participation in the AER program.

(5) Identify the group of ARNG and Army Reserve Soldiers who are in valid need of AER assistance.

(6) Chief, US Army Reserve directed his staff to again compare how the other RC services address emergency assistance.

(7) Establish a policy with procedures for recoupment of AER Loans from Army Reserve Soldiers and ARNG.

h. Progress.

(1) *Related issue.* This issue is similar to AFAP Issue 10, "AER for RC", which was determined unattainable in 1987 because the 30-day active duty requirement for AER eligibility was judged adequate to fulfill RC needs.

(2) *Private organization relief fund.*

(a) In Jul 94, TJAG opined that the establishment of an Army Reserve managed emergency relief fund is legally objectionable. Statutory authority to create a government corporation or a private organization similar to AER does not exist. An Apr 95 TJAG response interposed no legal objection to contacting private organizations to discuss the establishment of a fund for the RC. Several private organizations were contacted to determine their interest, the feasibility of, and potential cost of managing a RC AER.

(b) In Jul 95, the Reserve Command staffed the feasibility of a private organization establishing and managing a fund accessible to Army Reservists on active duty

for less than 30 days. In Feb 96, the ARC was the sole organization interested. However, in Nov 00, the ARC noted that it has a memorandum of understanding with all of the Aid Societies that the ARC will not provide ARC money to service personnel, but will provide access to funds according to the Aid Society guidelines and will be reimbursed by each Aid Society for funds expended on their behalf.

(3) *Army Emergency Relief.*

(a) In Nov 93, the AER Board of Managers considered the request to provide AER assistance for RCs activated for fewer than 30 days and concluded that AER policy changes are not feasible.

(b) In Feb 94, DAAR-PE met with the Deputy Director of AER to discuss the AER board's decision. AER offered to provide a copy of their computer software to support the establishment of a separate relief fund.

(c) In Dec 96, the CAR met with the Director of AER to resolve discrepancies. AER policy remains unchanged. The CAR is committed to working with AER and will persist in pursuing policy revisions.

(d) In Dec 97, the CAR met with the Executive Secretary of AER to discuss a plan to present to the AER Board.

(e) In Jan 98, the CAR forwarded a written proposal through CFSC to the AER Board of Managers to consider a change in AER policy and expanding AER financial assistance for Army Reservists.

(f) In Nov 98, the AER Board of Managers voted down the proposal to change policy and expand AER financial Assistance for Army reservists. AER did not provide the USAR a written response on why the proposal was voted down. During the Nov 98 GOSC meeting, the Vice directed the G-1 to draft a proposal to the AER Board of Managers to reconsider this proposal out of cycle. AER did not provide the Army Reserve a written response on why the proposal was voted down. The CAR will request reconsideration of the written proposal by the AER Board of Managers.

(g) In Nov 99, the Chief, Army Reserves and the Director, Army National Guard signed a proposal requesting the AER Board of Managers reconsider this issue.

(h) In Feb 00, the CAR and the Director, ARNG met with the DCSPER and Director, AER. The AER resists a widespread expansion of benefits to all RC soldiers not on extended duty. The conferees agreed to try to define a group of ARNG and USAR soldiers who were likely to be in valid need of AER services while in pre-mob status, such as soldiers alerted for Presidential Selected Reserve Call-up. In Sep 01, The CAR requested Regional Support Commands (RSC) identify/define categories of soldiers who may have a valid need of AER services while in a pre-mob status. This information will validate the request that AER modify their regulations to include RC soldiers who meet certain criteria and are mobilized for 30 days or less.

(i) At the Mar 02 AFAP GOSC, the VCSA directed the CAR to prepare a letter for his signature. The letter (5 Jun 02) requested the AER Board of Directors modify their eligibility requirements to meet the special circumstances of soldiers mobilized less than 30 days. This request to modify the eligibility requirements was in keeping with the changes instituted by the Aid Societies of the Sister Services. The CAR, TAG ARNG, and HQ AER

were to meet to discuss the request but no meeting was held.

(j) On 27 Mar 03, a follow-up letter to Director, AER from the CAR was sent emphasizing the importance of extending and/or modifying the authorization for RC. A copy of the letter was furnished to VCSA, SMA, and Director ARNG.

(k) A meeting between the CAR and Director, AER was intended for a future date due to volume of mobilizations. As of Feb 04, the CAR, and Director, AER, have spoken on this issue via telephone.

(l) In Apr 04, The Deputy Director of AER was indicated that the Reserve Component Soldiers rarely contribute to AER (AGR (Army Guard & Reserve) Soldiers do participate through allotments; however, TPU (Troop Program Unit) Soldiers are not offered the opportunity because allotments are not available through their payroll system), there is no allotment system, there's difficulty in recouping loans, and financial problems for less than 30 days pertain to civilian pay and not military pay. He provided the statistical information on AER assistance to Reserve Component Soldiers. Note: Soldiers with orders for more than 30 days are eligible on day 1.

1. 2,890 Reserve Soldiers assisted in 2003; \$1.9 million; 500% increase in the number of Reserve Soldiers assisted in 2002; 360% increase in dollars expended.

2. 531 Reserve Soldiers assisted, Jan-Mar 04; \$420,000; Up over 9% from this time last year

3. 2,078 National Guard Soldiers assisted in 2003; \$1.4 million; 300% increase in the number of National Guard Soldiers assisted in 2002.

4. 458 National Guard Soldiers assisted, Jan-Mar 04; \$369,000

(4) *Other service relief society support.* In Apr 04, contact was made with the Air Force and Navy-Marine Aid Societies to see if their policies had changed since the 2001 information. Both aid societies still adhere to the same policies.

(a) *Air Force Aid Society.*

1. Air National Guard or Air Force Reserve personnel away from home station on extended active duty of 15 days or more under Title 10 USC are eligible for assistance limited to emergencies incident to, or resulting from, active duty tour.

2. Air National Guard or Active Guard reserve (AGR) personnel serving under Title 32 USC are eligible for emergency assistance in the categories of emergency travel due to illness or death of an immediate family member and funeral expenses incident to the burial of a dependent spouse or child within the limits of the Society's funeral grant program.

3. Personnel on active duty for training and away from home station are considered eligible for emergency assistance as if they were Title 32 AGR. Requests for car repairs essential to return to home station are considered on a case-by-case basis.

(b) *Navy Marine Corps Relief Society (NMCRS).* The NMCRS has a policy of restricted eligibility for reserve personnel activated for less than 30 days:

1. If an emergency affecting an immediate family member occurs, such as death or critical illness, personnel can be declared eligible for assistance.

2. Personnel in drill status or on active duty for

training (ADT) might also qualify for financial assistance in the event of death or critical illness of spouse, dependent child or parent.

(5) GOSC review.

(a) *Apr 96*. The Army Reserve will continue to pursue the issue with AER.

(b) *Mar 97*. Issue will remain active to continue to pursue AER support for this initiative.

(c) *Nov 99*. The GOSC was informed that AER received the 6 Nov 99 memo and wanted supplemental information.

(d) *Mar 02*. The VCSA directed the Chief of Army Reserve to prepare a memo to the AER Board for his signature, indicating the Army's position is full support for this issue.

(e) *Nov 04*. Attendees remarked on the need for AER to relook their charter and policies in light of the needs of today's Army.

i. Estimated cost. There is no tracking or statistical data on how many applied for this assistance and were ineligible due to orders being less than 30 days. Providing cost information is not possible at this time.

j. Lead agency. USAR – Family Program Office

k. Support agency. None

Issue 380: Inadequate Support of Family Support Groups

a. Status. Active.

b. Entered. AFAP XII; 1994

c. Final action. No. (Updated: Feb 05)

d. Subject area. Family Support.

e. Scope. Inadequate support of FSGs, especially during periods of non-deployment, exists primarily because a dedicated program manager has not been assigned to monitor activities. Increased deployments and vanishing resources have raised the need for this service, placing it on a commensurate level with existing services, such as EFMP and FAP, which have full-time program managers.

f. AFAP recommendation. Establish DA-funded, full-time FSG program managers for all active duty installation, Reserve ARCOM/TAACOM, and National Guard Joint Force Headquarters (JFHQ).

g. Required action.

(1) Seek authorizations and funding for ACS Mobilization/Deployment Program Managers.

(2) Increase staffing at the NGB and the USARC to provide the required support to Family Readiness Groups.

h. Progress.

(1) *Issue history.* In Aug 97, this issue was combined with Issue #421, "Army Family Team Building (AFTB) Resources" because a joint AFTB and FRG Coordinator position was linked to the restructuring of Army Community Service. In Jan 00, it was separated from that issue.

(2) *Active component staffing.*

(a) There are seventy-six (76) full-time dedicated mobilization/deployment positions required for active duty installations. There are currently forty-four (44) full-time dedicated mobilization/deployment positions at 39 installations, leaving a shortfall of thirty-two (32) positions.

(b) The US Army Manpower Analysis Agency (USAMAA) documented a need for an additional 185 manpower requirements for ACS, 32 of which are recognized mobilization/deployment requirements. A Concept Plan for the new requirements was sent to DAMO-FMP for review and approval. The Army G8 and ACSIM supported a varied strategy to address the ACS Staffing shortfall by requesting immediate increases to ACS staffing through the Army Strategic Planning Board (ASPB) to be funded out of Supplemental dollars. This would fix the immediate wartime shortfalls by developing a Mob TDA for the new 185 requirements. The 185 ACS staffing shortages were submitted in the POM 06-11, but not validated.

(3) *Guard and Reserve staffing*

(a) The National Guard Bureau (NGB) has 50 State and 4 territory Family Program Coordinators; the US Army Reserve Command (USARC) has fourteen (14) GS civilian Family Program Directors and twenty-five (25) FTE non-personal services contractors at the Direct Reporting Units.

(b) The Installation PEG validated 233 ARNG and 55 USAR FTEs in the FY06-11 POM to increase family readiness staffing in the two components. In the near term, the USARC hired for one year sixty-seven (67) FRG Mobilization Deployment Assistants to assist Family Program Directors in the Regional Readiness Commands. The Army National Guard is hiring one FRG Program Manager at each JFHQ (54) for one year, using Secretary of the Army directed supplemental funding. The validated requirements have not been funded.

(4) *GOSC review.*

(a) May 00. Seventeen Army installations have identified a requirement for a full-time Mobilization Deployment Readiness Specialist. The position is one of the five core ACS services and hence can be budgeted for when requirements are identified.

(b) Jun 04. Issue remains active to eliminate the mobilization/deployment position shortfalls.

i. Estimated cost. Active Army - \$1.8M (32 FTE); ARNG - \$14.8M (233 FTE); USARC - \$3M (55 FTE)

i. Lead agency. CFSC-FP

j. Support agency. ARNG, USARC

Issue 385: Montgomery G.I. Bill for Veterans Education Assistance Program Era

a. Status. Active

b. Entered. AFAP XII; 1994

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support.

e. Scope. Many soldiers enlisting during the existence of the Veterans Education Assistance Program (VEAP), 1 Jan 77 to 30 Jun 85, did not enroll because it was not an economically attractive package. VEAP cost the soldier \$2700 and produced \$8100 in education benefits. As of 1 Jul 85, the Montgomery G.I. Bill (MGIB) offered \$10,800 in educational benefits for a cost to the soldier of \$1200. VEAP era soldiers were not offered the MGIB. All soldiers (including VEAP era) who retire early, enroll in special separation benefit/voluntary separation incentive (SSB/VSI), or are involuntary separated can enroll in MGIB. VEAP era soldiers, who remain on active duty and retire on length of service, are not offered this bene-

fit. Soldiers who did not participate in VEAP are not eligible for the MGIB program.

f. AFAP recommendation. Allow all VEAP era soldiers remaining on active duty to enroll in the MGIB. (*Based on VCSA direction at the May 01 GOSC, the recommendation was revised from, "Open a six-month window of opportunity for VEAP era soldiers remaining on active duty to enroll in the MGIB"*)

g. Required action.

(1) Monitor legislative change package to amend Chapter 30, Title 38, USC to allow for VEAP era soldiers to enroll in MGIB that is before the 108th Congress.

(2) Monitor Actions before 109th Congress.

h. Progress.

(1) *Issue history.* This issue was closed as unattainable by the Oct 95 AFAP GOSC based on the projected cost of allowing VEAP era soldiers to enroll in the MGIB. At the May 01 AFAP GOSC meeting, the Vice Chief of Staff, Army directed the creation of an AFAP issue to allow soldiers to enroll in the Montgomery GI Bill who did not sign up for the Veterans' Educational Assistance Program (VEAP). Issue 385, "Montgomery G.I. Bill for Veterans Education Assistance Program Era" was reopened and staffed in Jul 01.

(2) *MGIB benefits.* The MGIB currently provides up to \$985 per month for 36 months worth of benefits while attending a qualifying course of study. For conversion from the VEAP to the MGIB to be cost effective, the soldier should have more than 4 months of eligibility remaining on his/her VEAP and intend to use their MGIB benefits. Any contribution in pay from the soldier to the Treasury is non-refundable. DOD actuary cost estimate for each individual is \$20,000. There are approximately 19,000 soldiers on active duty who enlisted during the VEAP-era and are not enrolled the MGIB.

(3) Legislative attempts.

(a) Two windows were opened by Public Law 104-275 (Oct 96-Oct 97) and Public Law 106-419 (Nov 00-Oct 01) permitting certain VEAP era soldiers to convert to the MGIB. The windows allowed soldiers with money in their VEAP account to convert. Soldiers without money in their VEAP account were excluded. The cost to convert was \$1,200 during the first window and \$2,700 for the second window. Over 15,000 soldiers converted of approximately 48,000 eligible.

(b) Legislation before the 107th Congress to allow another conversion period with no requirement to have previously participated in the VEAP was not enacted.

(c) A House Resolution (Feb 03) would allow a one-year period to allow all VEAP era soldiers remaining on active duty to enroll in the MGIB with a \$2,700 contribution.

(d) HR2174, submitted 20 May 03, proposed a one-year period to enroll in MGIB with a \$2,700 contribution for VEAP era members entered active duty before, on, or after 1 JUL 85, served without a break in service and served some or all of the year prior to enactment of this proposed legislation; completed a secondary school diploma or 12 semester hours towards a degree; be honorably discharged or released from active duty.

(e) Legislation before the 107th Congress to allow another conversion period with no requirement to have previously participated in the VEAP was not enacted. The Coast Guard initiated an FY05 ULB action to allow

eligibility for MGIB without prior participation in VEAP, but it was deferred by the ULB Summit to the FY06 ULB Cycle.

(f) The Coast Guard Initiated a FY05 ULB action for consideration by the 108th Congress to allow eligibility for MGIB without prior participation in VEAP. HR879 and HR2174 were not enacted during the 108th Congress, and may be reintroduced during the 109th Congress.

(g) Continue to monitor legislation before the 109th Congress. Pursue official positions from the other Services, OSD and VA. The Coast Guard elected not to resubmit the ULB, as it was not being supported by OSD.

(4) GOSC review.

(a) *Oct 95.* The GOSC determined this issue would be closed following submission of a cost analysis to the VCSA. The cost analysis was provided in Nov 95 and the issue was declared unattainable.

(b) *Mar 02.* The VCSA asked that Army work with the other Services to get support for this issue.

i. Estimated cost. \$300M (approx 16K enlisted members still on active duty who did not elect to enroll in VEAP; average Chap 30 MGIB usage is currently 17 mos., estimated avg. cost of \$1100).

j. Lead agency. DAPE-MPA-RR.

k. Support agency. TAPC-EICB.

Issue 439: Teen Program Standardization

a. Status. Active.

b. Entered. AFAP XIV; Mar 97.

c. Final action. No. (Updated: Mar 05)

d. Subject area. Youth.

e. Scope. There are inconsistencies in teen programs from installation to installation. There are no established guidelines to insure installation commanders place appropriate emphasis on teen programs or equitably allot funds designated for youth programs. This directly impacts teen morale.

f. AFAP recommendation.

(1) Benchmark successful teen programs to develop a model for all installations.

(2) Establish standard guidelines for installation commanders on teen programs to include topics such as: designated areas for teen use, Teen Council, workforce preparation, volunteer opportunities, youth sponsorship, adult advisory committees, mentorship, and positive alternatives for at-risk behaviors.

(3) Report progress to Teen Panel semi-annually and Teen Discovery annually until this issue is closed by the AFAP GOSC.

g. Required action.

(1) Establish program standards to include a common programmatic framework.

(2) Ensure teen programs are customer driven and include teen and parental input.

(3) Acquire and leverage personnel and financial resources.

(4) Publish policy and operational guidance.

(5) Establish accountability measures for performance outcomes.

h. Progress.

(1) *Related issues.* Issue #314 refocused the teen program to target younger teens/middle school age group. Issue #413 addressed teen space, facilities and non-

facility based programs.

(2) *Program framework.*

(a) New framework established for all Army Youth Programs based on four required "service areas"

1. Life Skills, Citizenship & Leadership Opportunities

2. Sports, Fitness and Health Options

3. Academic Support, Mentoring & Intervention Services

4. Arts, Recreation & Leisure Activities

(b) Baseline programming includes: Youth Councils, Youth Sponsorship, Workforce Preparation, Youth Computer Labs, Homework Centers, Individual / Group Sports and Fitness, Community Service Opportunities, and Games & Leisure Activities. All installations participate as affiliate members in the Boys and Girls Clubs of America (BGCA), must establish active 4-H Clubs, and provide teen programs in dedicated facility space and outreach programs.

(3) *Teen and parental input.*

(a) *Teen input.*

1. All installations have functioning Youth Councils, and per CSA guidance all MACOMS/Regions have established Teen Panels to address youth concerns and actively plan local programs. Army Teen Panel representatives annually brief CSA on youth issues and concerns surfaced by installation youth councils and MACOM/Region Panel.

2. Panel surveyed over 1600 Army teens on Youth Sponsorship program status.

3. Army youth participated in the DOD Strategic Youth Action Planning Conference (Sep 98), in the Youth Roundtable (May 99) at 2000 and 2002 Army Education Summits, and Army Family Action Plan Conferences at all command levels.

4. MACOM/Region Child and Youth Program managers are conducting regular video teleconferences with teens and using technology to ensure programs are customer driven.

(b) *Parental input.* Youth Program Standards requires Parent Advisory councils on each installation. AFAP Issue #314 addressed expansion of Parent Advisory Councils to include teens and parents of teens.

(4) *Personnel and Financial Resources.*

(a) *Personnel.*

1. Formal training plans linking responsibilities and training for staff working with teens have been issued in conjunction with revised staff job descriptions. Promotion for adults working with teens is now based on successful completion of training.

2. Installations have implemented the Child and Youth Personnel Pay Program (CYPPP) in response to Issue #404. The CYPPP outlines requirements for foundation and annual staff training, contains standard position descriptions that include teen participation "caseloads", and staff compensation linked to job competency.

3. Issue #314 established requirement for partnerships with youth groups, schools, and community organizations to help deliver youth programs.

(b) *Financial support.*

1. FY 99 funding was increased \$12.8M per direction of the Army Chief of Staff to fund participation for 20% of eligible Army youth.

2. UFR funded in 2003 to replace outdated youth computer labs (\$5.4M).

3. UFRs exist to sustain current youth workforce through competitive salaries (FY 04 \$8.0M); and increase percentage of youth served from 20%-35% (FY 04 \$11.7M).

(5) *Policy and operational guidance.* Policy guidance in AR 215-3, numerous procedural guidance memorandums on program operations, and a series of handbooks and user manuals have been issued to increase the predictability of Army Youth Programs from installation to installation.

(6) *Accountability measures and performance outcomes.*

(a) AFAP Issue #314 established a requirement to measure teen program utilization and meet phased teen utilization goals.

(b) QYDP MDEP funds services for 28,121 youth (ages 11-18 years) or 20% of the eligible Army youth population. Requirement is to increase the utilization goal to 49,354 youth or 35% of the eligible youth population. This remains an unfunded requirement validated by the Installations PEG in the FY 03-07 POM and FY 04-09 POM and is monitored as a Well Being objective.

(c) Standards, critical indicators, and measurable outcomes for baseline teen programming have been developed in conjunction with MACOM/Region and installation staff. Youth Programs are now included in annual inspections comparable to existing child care inspections.

(7) *GOSC review.*

(a) *Nov 00* GOSC was provided an update on youth initiatives such as baseline programming, training, accountability measures, and leveraging personnel and financial resources.

(b) *Nov 02.* The VCSA asked for a briefing on the entire youth program so he could determine priority funding issues.

i. Estimated cost. FY 99 funding was increased \$12.8M per direction of the Army Chief of Staff to fund participation for 20% of eligible Army youth. Unfinanced Requirements (validated in POM 06-11) remain to sustain current youth program capability (FY 06 \$8.6); and increase percentage of youth served from 20%-35% (FY 06 36.9M).

j. Lead agency. CFSC-CYS

k. Support agency. G1; IMA.

Issue 447: Audio/Video Surveillance for Child Development Centers

a. Status. Active

b. Entered. AFAP XVI; Nov 99.

c. Final action. No (Updated: Mar 05)

d. Subject area. Child Care

e. Scope. Approximately 70% of Army Child Development Centers (CDCs) do not have audio/video surveillance equipment. This equipment provides an additional prevention measure for child abuse and unwarranted allegations. Surveillance equipment is also used as a training aid and possibly increases the sense of security for families utilizing the centers. Although all CDCs built since 1995 include the conduits for this equipment, installations have been unable to fund the purchase and installation of the surveillance equipment. Audio/ video surveillance equipment in all CDC facilities would be a

one-time cost and would save the Army money in the long run.

f. AFAP recommendation.

(1) Provide 100% HQDA funding to purchase and install audio/video surveillance equipment in all Child Development Centers Army-wide.

(2) Include the purchase and installation of audio/video equipment in the standard Child Development Center design.

g. Required action.

(1) Determine need for surveillance systems.

(2) Determine cost to purchase and install video surveillance system for each CDC. Review Army policy and sources for funding video equipment.

(3) Fund requirement as an Army-wide initiative and fund OMA tail requirement for recurring expenses and upgrades.

(4) Procure and install surveillance systems.

(5) Fund comparable protection for school age sites and youth centers as an Army initiative and fund OMA tail requirement for recurring expenses and upgrades.

h. Progress.

(1) *Cost.* Data call validated need at 158 CDC sites (70% of CDCs). Cost estimate for CDCs (\$6.5M); for school age facilities and youth centers (\$13M). Security surveillance equipment required for the interior of facilities as well as exterior playgrounds and driveways.

(3) *Funding.*

(a) Purchase and installation of video surveillance systems in CDCs (\$6.5M) funded with FY 00 year end funds. \$1M annual requirement for maintenance and upgrades funded in the FY 03-07 POM.

(b) Purchase and installation of comparable protection for school age sites and youth centers (\$13M) funded as FY 03 UFR. Unfunded \$3.9M OMA tail requirement for maintenance validated in FY05-09 POM.

(c) School age/ youth center OMA Tail Requirement funding (\$ 3.9M annual requirement) for maintenance and replacement is necessary. Funding validated in the FY06-11 POM.

(d) The outstanding action on this issue is funding (\$ 3.9M annual requirement) for maintenance and replacement. Requirement validated, but unfunded in the FY06-11 POM.

(4) *Procurement and installation.* Beta test of security surveillance system complete. Fielding underway for 158 new systems—three year schedule by geographic locations starting with the East Coast.

(5) *Facility design.* Requirement for the purchase and installation of video surveillance systems included in the CDC Standard Design Package.

(6) *GOSC review.*

(a) *May 00.* CFSC reported that the CDS requirement was submitted to the Army Budget Office as a FY00 UFR, IAW VCSA direction to fund this project.

(b) *Nov 03.* CFSC reported that the outstanding action on this issue is \$3.9M funding for maintenance in school age/youth facilities.

i. Estimated cost. \$3.9 M annual requirement starting FY 05. With 2% inflation, cost FY 06-FY11 is as follows: FY 06 \$4.4M; FY 07 \$4.5M; FY 08 \$4.6 M; FY 09 \$4.7 M; FY 10 \$4.8 M; FY 11 \$4.9 M.

j. Lead agency. CFSC-CYS

k. Support agency. None

Issue 457: Modification of Weight Allowance Table

a. Status. Active

b. Entered. AFAP XVI; Nov 99.

c. Final action. No (Updated: Feb 05)

d. Subject area. Relocation

e. Scope. The current Joint Federal Travel Regulation (JFTR) Permanent Change of Station (PCS) weight allowance table does not support the changing Army demographics. More service members are entering with established families, families are larger, and Retention Control Points have been extended, creating increased career longevity. Using the current PCS weight allowance table, service members frequently pay excess costs, unload valuable property prior to moving, do not ship essential belongings, and must replace or store items.

f. AFAP recommendation. Amend enlisted portion of the PCS weight allowance table in the JFTR to more closely match the officers' portion, making:

- (1) weight allowance of an E1-E4 equal to the weight allowance of an O1,
- (2) weight allowance of an E5 equal to O2,
- (3) weight allowance of an E6 equal to O3,
- (4) weight allowance of an E7 equal to O4,
- (5) weight allowance of an E8 equal to O5,
- (6) weight allowance of an E9 equal to O6-O10.

g. Required action.

(1) Increase the administrative weight allowances

(2) Increase the authorized weight allowance for enlisted members.

(3) Monitor legislative proposal to increase allowance 8%.

(4) Discuss weight allowance issues with the Sergeant Major of the Army.

(5) Requested next course of recommended action from the SMA.

(6) Memo to ACSIM concerning the size of privatized housing.

h. Progress.

(1) *Administrative weight allowance (OCONUS moves) – E-1 through E-5.* The JFTR revision to increase the administrative weight allowance for grades E-1 through E-5 from 2,000 pounds to 2,500 pounds was effective 1 Oct 02.

(2) *Legislative initiatives.*

(a) The other Services non-concurred with changing the enlisted PCS weight allowance to mimic officer rates. However, Navy indicated they consider an increase for E1-E5s, and the Coast Guard supported some adjustment for enlisted personnel. A modification of the JFTR PCS weight allowances requires concurrence by all of the Services for a legislative change.

(b) The FY02 NDAA increased E1-E4 weight allowances, effective 1 Jan 03, to 8,000 lbs for E1-E4s with dependents and 5,000 lbs without dependents.

(c) In 2002, OSD established a working group to determine if higher weight allowances for the shipment of HHG is required to adequately cover all ranks' PCS costs. The group, comprised of representatives from all of the Services, used a comparison to the Basic Allowance for Housing (BAH) standards as the primary consideration when developing the proposed new weight standards. Also considered were years of service, regular military compensation, and rank. The efforts of this

group resulted in a FY04 legislative initiative to increase the HHG weight allowance for all Service members. The proposal would modify Title 37 by increasing the HHG weight allowance for all members by an average of 8%. The legislative initiative was not approved due to the fact that funding was not included in the FY04 programming.

(d) OSD encouraged the Services to vote to defer this initiative until the FY05 ULB to allow the Services to incorporate the funding for this initiative into their FY05 POM. The FY05 legislative proposal was also rejected because Services did not provide the requested supporting data.

(e) The FY06 ULB was rejected because the proposal of a straight 8% increase across all pay grades weight allowance increase was not justified. No supporting data provided.

(f) Service data indicate that only one percent of service members exceed the PCS weight allowance. In order to re-submit the proposal, supporting data is required. The Services do not have data to support the weight allowance increase.

(g) Three of the four Service's top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's new Military Quality of Life Subcommittee. This subcommittee focuses exclusively on quality of life issues. Citing personal experience, the Service leaders requested the subcommittee to consider revising the current HHG weight allowances.

(3) *JFTR Revision*. The Secretary concerned may authorize a higher weight allowance (NTE 18,000 pounds) of a member below pay grade O-6, but only on a case-by-case basis. The Secretary's decision to increase the member's weight allowance must be due to an extraordinary circumstance of if the Secretary determines that failure to increase the member's TDY weight allowance would create a significant hardship to the member.

(4) *Surveys*. The 04 Survey of Army Families and the Fall 04 Sample Survey of Military Personnel has been sent to the printers. In addition to the basic question of having to sell or give away personal property, more details are needed, such as: What kinds of property were involved? What was the total estimated value? What other options were considered? There are already too many surveys, resulting in lower and lower response rates. The relevance of the survey to sampled families may not be high... (reference tax deduction). Perhaps a few selected installations could use ACS personnel to work with out-processing agencies at the installation to obtain this information on a case-by-case basis.

(5) *Tax deduction*. In IRS Publication 521, Moving Expenses, personal property disposed of through a yard sale or given away (donation) is not a deductible moving expense. In the IRS Newswire, IR-2003-134, Dec 1, 2003, taxpayers may be able to use their gifts to tax-exempt charitable and religious groups to reduce their taxes. The tax benefit for charitable contributions is only available for taxpayers who itemize deductions.

(6) *GOSC review*.

(a) *May 00*. Members questioned why there is a variance weight allowance between officers and enlisted. Army will work this issue in two stages. The first will seek an increase in the OCONUS administrative weight allowance for junior enlisted, and the second will explore the weight allowance disparity between the ranks.

(b) *Nov 00*. ODCSLOG will meet with the SMA to work on a strategy to get support from the other Services.

(c) *Mar 02*. Issue remains active to pursue weight allowance increase for E5-E9s.

(c) *Nov 04*. The VCSA did not accept the unattainable recommendation and kept the issue active, noting that the square footage of housing is changing under RCI and recognizing that the Army is changing in the future (size of housing, fewer PCS moves).

i. Estimated cost. \$300M.

j. Lead agency. DALO-FPT

k. Support agency. None

Issue 458: Newly Acquired Dependent Travel and Transportation Entitlements

a. Status: Active

b. Entered. AFAP XVI; Nov 99.

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. Service members who acquire new dependents after the effective date of permanent change of station orders (as cited in Joint Federal Travel Regulations (JFTR) appendix A) are not entitled to travel and transportation allowances for those dependents. This results in the service member paying out-of-pocket travel and transportation expenses to move newly acquired dependents.

f. AFAP recommendation: Amend the JFTR to establish date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation entitlements.

g. Required action:

(1) Send proposed change to the JFTR and US Code to the Military Advisory Members (MAP) of the Per Diem, Travel and Transportation Meeting Committee (PDTATAC) for review and comment.

(2) Prepare and disseminate message to the field explaining effective date of orders and impact of the date on transportation entitlements for newly acquired dependents.

(3) Determine if change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents.

(4) Review DODI 1315.7 reference to acquired dependents.

(5) Review current authorizations to determine if a change to the JFTR is possible to allow SM to use remaining HHG authorizations to move newly acquired dependents HHG.

(6) DODI 1315.7 published by Principal Deputy Under Secretary of Defense (Personnel and Readiness). Travel and transportation entitlements not authorized for acquired dependents.

h. Progress.

(1) *Current entitlement*. Current transportation entitlements allow shipment of HHG property and dependents acquired before the effective date of the orders. The effective date of the orders, for simplicity sake, is basically the date the individual signs into his or her new duty station. SM do receive BAH at the "with dependent" rate on the effective date of the marriage or adoption. Dependents receive medical, dental, PX, and commissary privileges as of the date of marriage as well.

(2) *Coordination.* A proposal to establish date of marriage, adoption, or other legal action as the authorization date to establish dependent status for travel and transportation entitlements was discussed at the Jul 01 PDTATAC meeting. There was no support by the sister services or PDTATAC professionals for this initiative.

(3) *Policy clarification.* On 15 Aug 01, DCS, G-1 disseminated a worldwide message clarifying effective date of orders.

(4) *Alternative approach.* Following a meeting with DASA-HR in Mar 03, G-1 reviewed current authorizations to determine if a change to the JFTR is possible to allow service members to use remaining HHG authorization to move newly acquired dependents' household goods. In Aug 03, the Per Diem Committee indicated that the current law allows for the movement of household goods that were owned by the member prior to the effective date of the orders. Based on Comptroller General and OSD General Counsel decisions, there is no legal authority for transportation for items acquired after the effective date of the orders.

(5) *DoD Directive.* In Jun 04, the PDUSD(PR) signed DoD Directive 1315.7. This document authorizes command sponsorship for acquired dependents that meet certain criteria, but specifically states, "Members have no travel entitlement to the overseas duty station for dependents acquired after the member's effective date of orders to that overseas duty station, even if the dependents are subsequently granted sponsorship." (DoDI 1315.7, para E4.4.5)

(6) *GOSC review.*

(a) *Nov 03.* ASA (M&RA) indicated that they would forward this issue to the legislative process.

(b) *Nov 04.* The GOSC did not support an unattainable recommendation. G-1 will analyze this issue from the perspective that Soldiers will be stabilized for longer periods of time at duty stations.

i. Cost analysis. \$15.9M annually.

j. Lead agency. DAPR-PRC

k. Support agency. None

Issue 465: Reserve Component (RC) Post Mobilization Counseling

a. Status. Active

b. Entered. AFAP XVI; Nov 99.

c. Final action. No (Updated: ARNG Feb 05 & USARC Mar 05)

d. Subject area. Entitlements

e. Scope. With the rise in the number of RC soldiers mobilized, there is an increasing need for soldiers and family members to be afforded counseling services. Upon release from active duty (REFRAD), there are no provisions in place to assist RC soldiers and family members who need counseling, such as marital, family, and financial. Currently, RC soldiers and family members must rely on expensive civilian agencies for these services. Access to these counseling services would ensure RC soldiers' and family members' well being.

f. AFAP recommendation.

(1) Allow soldiers and family members up to one-year post mobilization to identify the need for counseling relating to service connected problems.

(2) Provide counseling services at low or no cost after identifying the need of the soldier and family member.

g. Required action.

(1) Continue full implementation of Deployment Cycle Support Plan (DCSP) for post mobilization family counseling of RC soldiers and families.

(2) Coordinate with US Army Community and Family Support Center (USACFSC) to insure RC Soldiers and families are included in Army One Source (AOS) and Post-Deployment Care Management (PDCM).

(3) Coordinate with the VA Vet Center for utilization data of counseling services provided to Army National Guard Soldiers and their family members.

(4) Develop a process to assess usage and services Utilized (USAR).

(5) Publicize available counseling services available to Soldiers and families.

(6) Monitor results for improvement.

(7) Survey will be put on Army Reserve web portal site.

h. Progress:

(1) *Military process.* If the need for care is connected to mobilization, the member's commander may complete a line of duty that would entitle the member to medical care. The National Guard Joint Force Headquarters Command (JFHC) with implementation of Deployment Cycle Support Plan (DCSP), Family Assistance Centers (FACs), and in conjunction with Military OneSource (MOS) counseling services are providing access to counseling service call, and online professional assistance.

(2) *Chaplain programs.* US Army Reserve Command (USARC) conducted a train-the-trainer event on marriage enrichment for more than 80 Chaplains in Aug 03 to prepare them to conduct post-mobilization family retreats throughout the USARC for all demobilizing Reservists and families. Information on AOS and Post Deployment Care Management is included in family retreats. US Army Reserve Command (USARC) is conducting regional chaplain led family retreats post-mobilization available to all returning soldiers.

(3) *Post Deployment Care Management (PDCM).* PDCM provides continuous medical screening and assistance to AC and RC soldiers and assistance for family members. PDCM covers deployment related health concerns, embedding deployment health care ombudsmen/advocates into primary health care, and other medical related concerns in support of Soldiers and family members. If counseling sessions are needed after the 6 free AOS sessions, referrals are made through TRICARE or their current health care coverage. If there is no health care coverage, referrals are made to community agencies that charge nominal fees or are free.

(a) In Mar 04, the Army National Guard G1 Well Being Branch dedicated a full time asset to fully implement the DCSP and to provide oversight of the Soldier and Family Reunion and Reintegration Process in coordination with 400+ Family Assistance Centers. While the process will enable quicker identification of at risk Soldiers and family members, necessary counseling resources for Army National Guard Soldiers and families are not fully available.

(4) *Army One Source (AOS).* The AOS contract provides referrals 24 hours per day, 7 days per week; up to six face-to-face counseling sessions, and crisis materials (1-800-464-8107, CONUS; 1-800-464-81077

(OCONUS). AOS contract management began Jun 03 and is available to all active component (AC) (489,600), mobilized reserve component (RC) soldiers (36,000), and deployed DA civilians (900).

(a) In Nov 03, 70% of the State Family Program Directors (SFPD) for the National Guard participated in the AOS Conference and Training Workshop. In Feb 04, additional training was provided by AOS at the National Guard SFPD Workshop. AOS information is distributed and presented as part of family mobilization briefings, family workshops, Commander's Call and Senior Leader workshops. AOS is heavily marketed on the National Guard Family Program Online Community (www.guardfamily.org). Additional marketing initiatives include contact information provided on all ARNG Leave and Earning Statements.

(b) Continue monitoring for results improvement is being conducted within returning Soldiers and their families to provide us feedback on usage and utilization of services. Usage of MOS services are posted on weekly basis and consolidated by component.

(4) *Vet Centers.*

(a) The Department of Veterans Affairs is offering hospital care, medical services, nursing home care, and counseling services for a period of two years from the date of discharge to those veterans who serve on active duty in a theater of combat operations during a period of war after November 11, 1998, or in combat against a hostile force during a period of hostilities. Families are eligible for counseling services also.

(b) Utilization of the 206 available Vet Centers has improved in the Guard and Reserves. Bereavement Counseling is available to Soldiers and families and counseling for PTSD is also available for veterans with written material available to families. Soldiers can also receive additional counseling anytime if documented on a Line of Duty for diagnosed conditions such as depression or Posttraumatic Stress Disorder. Coordination is being made with the VA to provide the numbers of RC Soldiers and their families using the Vet Centers to validate the usage.

(5) *FACs.* Key players are FACs that are publicized, as the primary entry point for any service and assistance that any military family member may need during the deployment process. This process includes the preparation, sustainment, and reunion phases. The primary service provided by the FACs is information, referral, outreach and follow-up to ensure a satisfactory result.

(6) *Survey.* To evaluate the successes and challenges of the programs offered, development of an evaluation process is required. A survey is being composed for distribution to returning Soldiers and their families to monitor usage and utilization of services. Distribution will be in the first quarter of FY05.

(7) *USARC Focus Groups.* Focus groups were conducted in first quarter of FY05 to conduct a needs assessment prior to distribution of a written survey through our web portal (standing up in summer of 05). The four focus groups consisted of family members and Soldiers who had been re-deployed from one to eighteen months. Preliminary results indicate counseling is in fact needed at the one year mark and beyond. Many Soldiers and their family members were struggling with readjustment

issues. Many were unaware of the services available to provide assistance and how to access.

(8) *GOSC review.*

(a) *May 01.* The VCSA said that this issue would remain open but that it needs to focus on finding a solution beyond the VA and Red Cross.

(b) *Jun 04.* Issue remains open to monitor counseling services for Reserve Soldiers returning from theater.

(c) *Nov 04.* The GOSC was informed that the Army Reserves intend to distribute a survey to returning Soldiers and families 1st Qtr FY05 to assuage utilization of counseling services.

i. Estimated cost. Recommend this service be offered by a vendor such as AOS. Six counseling sessions are available at a cost of \$9 million.

j. Lead agency. NGB-J1-FP and AFRC-PRF

k. Support agency. OCCH and CFSC

Issue 473: Untimely Finance Transactions

a. Status. Active

b. Entered. AFAP XVI; Nov 99.

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. Critical transactions (such as, Basic Allowance for Housing, Temporary Lodging Expense, promotions, marital status) are not being processed in a timely manner. Process delays are due to the lack of trained Personnel Actions Center personnel, Defense Finance Accounting Services inefficiencies, and slow identification of transaction errors. Delayed payments result in financial hardships for service members and their family members.

f. AFAP recommendation.

(1) Mandate training at all levels for personnel processing finance transactions.

(2) Develop and implement software that processes transactions twice a month.

(3) Establish bilateral performance standards requiring all parties to identify errors and deficiencies expeditiously.

g. Required Actions:

(1) Establish formal training for S1 Officers.

(2) Build an automated interface that electronically transmits military pay action from personnel units to finance activities.

(3) Establish a means to evaluate performance of new system.

h. Progress.

(1) *Refocus of issue.* At the Nov 00 AFAP GOSC, the DCSPER explained that deficiencies are systems deficiencies, not training -- specifically, a lack of personnel and pay system integration. OASA(FM) confirmed that 90% of all pay transactions are processed on time. Therefore, the resolution of this issue was to provide status reports on the personnel/pay systems integration and reporting a status report of the Personnel Transformation (PT) initiative.

(2) *Personnel.*

(a) The Personnel Transformation concept (briefed to the CSA in Jan 01) returns company clerks to units, reengineers business processes, initiates the use of web-base technology for personnel transactions, and supports establishment of formal S1 training.

(b) AG School placed an S1 Tool Kit on their website (<http://usassi.army.mil/toolkit/index.htm>). It pro-

vides a tool for commands to use locally in conducting S1 sustainment training.

(3) *Automated interface.* The Defense Joint Military Pay System (DJMS) processes transactions twice a month (and up to 8 times per month for the RC) but there is currently no electronic interface between the personnel and financial automated systems. The DIMHRS Program Manager expects to achieve the Army's Initial Operating Capability in 1st Qtr FY06 and Full Operating Capability in 1st Qtr FY07. The Army is still scheduled to be the first Service to receive the integrated personnel/pay module. This module will fully integrate personnel and pay functionality and feature many self-service entries; thereby, eliminating many intermediate processing requirements such as the re-entry of personnel data. Because there will be a self-service module, it will provide Soldiers the environment to pinpoint some of the financial transactions within a timely manner.

(3) *Performance standards.* DIMHRS Operation Requirement Document addresses performance standards. There are seven key performance parameters.

(4) *GOSC review.*

(a) *Nov 00.* The DCSPER explained that a system change will allow a single transaction to simultaneously post changes to pay and personnel systems.

(b) *Mar 02.* The Army is scheduled to be the first Service to receive the integrated personnel/pay module. The Joint Defense Integrated Military Human Resource System (DIMHRS) office is scheduled to begin fielding to the Army in Feb 04.

(c) *Nov 04.* The Nov 04 GOSC stressed the importance of implementing this initiative, especially in light of the many pay problems experienced by mobilized service members.

i. Estimated cost. Cost will be incurred to provide training. Funding for the implementation of DIMHRS has been requested.

j. Lead agency. DAPE-PTP

k. Support agency. SSI, ASA(FM)

Issue 474: Shortage of Professional Marriage and Family Counselors (CONUS)

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical/command

e. Scope. Military families need assistance in coping with pressures associated with managing complex relationships within a military lifestyle. Currently, chaplains are the major counseling option unless there is identified family violence (Family Advocacy option) or medical/mental health diagnosis of a family member, and marital/family therapy is the method selected to reduce conflict and facilitate medical management of the problem (TRICARE option). Not all chaplains are trained marital counselors, and local civilian counseling services are not available in adequate numbers near all installations.

f. AFAP recommendation. Increase the number of marriage and family counselors in underserved areas by expanding the use of contract resources.

g. Required action.

(1) Conduct needs assessment of 10 poorly supported installations and 5 marginal installations. Based on as-

essment, determine the cost of additional marriage and family counselors in CONUS.

(2) Initiate contract process of marriage and family (M&F) therapists. Monitor status of M&FT contract implementation.

(3) Initiate Social Work Care Management Program in primary care clinics on Force Projection installations.

(4) Monitor implementation of Army One Source for impact on marriage and family counseling.

(5) Work with ARSTAF to establish mission and funding responsibilities.

h. Progress.

(1) *Requirement.* Analysis revealed shortages at 9 installations, requiring a total of 10 masters level, licensed, marriage and family therapists at Forts: Bragg (2); Drum (1); Stewart (1); Campbell (1); Huachuca (1); Leonard Wood (1); Rucker (1); Sill (1); and Wainwright (1).

(2) *Contracts.*

(a) To initiate the required services, the US Army Medical Command (MEDCOM) extended an existing contract with Healthfax of Atlanta, GA in 4th QTR FY02 which began the recruitment of the 10 contract therapists in Sep 02. Using FY02 funds, MEDCOM continued FY03 contract operations at a cost of \$750K in unprogrammed funding. In FY04, the contract continued with \$860K in un-programmed funding. MEDCOM continues to work with the ARSTAF to determine mission and funding responsibility for M&F counseling issues to address the out-years.

(b) MEDCOM selected a new contractor (Zeitgeist Expressions of San Antonio, TX) following hiring difficulties under the original contract. The 10 contract M&F counselors were in place and working at the 9 installations as of Feb 04. This contract also covers services to activated RC personnel/families.

(c) Workload data (Aug 03 - Aug 04) for the 9 installations/10 M&F counselors totaled 7,969 sessions, as follows: 2,072 at Fort Bragg (2 providers); 630 at Ft. Leonard Wood; 657 at Ft. Wainwright; 1,139 at Ft. Campbell; 950 at Fort Sill; 1,070 at Ft. Stewart (began Sep 03); 647 at Fort Rucker (began Jan 04); 472 at Fort Huachuca (15 Dec 03 to 08 Jul 04); and, 334 at Fort Drum (began Feb 04).

(d) OTSG and MEDCOM are renewing the M&F therapy contract from 27 Sep 04 - 26 Sep 05. During this time, OTSG/MEDCOM will continue to assess utilization of the M&F counseling services available under the contract. OTSG/MEDCOM will also work with CFSC/G1/G3 to determine the feasibility of phasing out the services provided under this contract as AOS/MOS demonstrates ability to provide the recommended services.

(3) *Studies and initiatives.*

(a) Army Surgeon General's Epidemiologic Consultation (EPICON) Study. The most profound finding of the efforts of the EPICON investigations at Fort Bragg was that the model that we use to apply many of our behavioral health services to the AD beneficiary population is flawed. Investigators concluded that many of the programs are stove-piped. Soldiers feel that seeking help in our current programs is not career-safe. It was decided that further expansion of behavioral health services in a piecemeal fashion is not the answer. An approach will be

pursued to integrate disciplines/encourage soldiers/families to seek help early.

(b) The DOD Task Force on Domestic Violence. The Task Force's third/final Report is being reviewed by DOD Principals. Shortages of marriage and family counselors will not be directly impacted by the report, but policy changes relating to DOD responses to domestic violence may impact the ways in which marriage/family therapists work with domestic violence cases.

(4) Current sources of counseling/related services:

(a) Army One Source (AOS)/now Military One Source (MOS).

1. AOS is a component of the Army Chief of Staff directed Deployment Cycle Support concept plan (CONPLAN) for Operations Enduring Freedom and Iraqi Freedom. The Total Force CONPLAN is a multi-agency response to mitigate deployment cycle difficulties. It covers the entire spectrum of the deployment cycle (pre-deployment, deployment, re-deployment, and post-deployment, both near term and long term) and addresses every day concerns.

2. AOS provides a 24 hours/7 days a week/365 days/year toll-free information/referral telephone line and offers an internet/Web-based service. It includes a vast array of information and referral services, including M&F counseling. Six counseling sessions, per issue, are provided at no cost to beneficiaries. Masters-level consultants answer the toll-free telephone line. Callers may remain anonymous and are made aware of the limits of confidentiality available. If face-to-face counseling is necessary, AOS provides referrals for assistance from professional civilian counselors.

3. AOS services are available to AD Soldiers, ARNG, RC members, and deployed civilians/families worldwide. AOS will provide referrals to counselors in CONUS, Alaska, Hawaii, Puerto Rico and Guam. In OCONUS, face-to-face counseling is provided via existing MTF services.

4. The Army G-3 approved funding for AOS on 8 May 03 for a 12 month contract. The DoD Office of Family Policy awarded the contract to Titan Corporation as the Prime and Ceridian as the sub-contractor. Additional funding has been approved by the Army G-3 to extend the contract thru Aug 05. Each Service has been operating its own "One Source" program. The DoD recently combined all the One Source programs under one roof as Military One Source (MOS) and is centrally funding the program beginning Sep 05 thru FY 08. AOS is now included in MOS.

5. MEDCOM anticipates that AOS will help fill M&F counseling requirements near the installations identified herein. The AOS contract has a network of providers which includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement. The counseling provision of the AOS contract provides outreach to the Guard and Reserve who are not likely to be near an installation. OTSG and MEDCOM are committed to helping to advertise this valuable service to Army beneficiaries.

6. CFSC is conducting installation team visits to provide technical assistance in implementing AOS. MEDCOM detailed an individual to CFSC to assist with the team visits and with AOS advertising, marketing and program evaluation. The CFSC Contracting Officer's Representative (COR) conducts weekly in-process-reviews (IPRs) with the contractor, MEDCOM, ARNG and Reserve Family Program representatives. (Open AFAP Issue #522 also addresses this.)

7. Of the \$13.6M currently spent on AOS, about \$9M was invested in providing counseling services. In FY04, 4,473 individuals were authorized counseling services; 2,929 individuals took advantage of the counseling opportunity. The percentage of those referred for counseling vs. those attending for FY04 was 65.5%. In FY04, 49.2% of referrals for counseling sessions were for emotional well-being for couples.

8. The AOS COR is working with the contractor to develop a system for tracking provider data on the types of counseling received. However, based upon review of charts, it was determined that the largest type of referrals for counseling through AOS is for marriage and family counseling services.

9. As AOS transitions to MOS, the amount of counseling sessions that will be provided to Soldiers/family members will remain at 6 sessions per issue. Currently, the Air Force does not wish to offer counseling sessions. The Navy and Marine Corps are reported to be interested in offering only four sessions.

(b) Army Social Work Care Management Initiative (SWCM). The Army Medical Department (AMEDD) is managing another Army DCS initiative developed as a result of lessons learned during Operation Solace. It provides licensed clinical social workers to screen Soldiers throughout the deployment cycle and provide support for those identified as needing deployment-related medical and behavioral health services. The SWCM initiative and the pre-existing program available through the Deployment Health Clinical Center (DHCC) at Walter Reed Army Medical Center are designed to ensure full implementation of the post-deployment health clinical practice guidelines (PDH-CPGs found at www.pdhealth.mil). Fifty five of 59 licensed clinical social worker Care Managers have been hired to work out of primary care clinics located at 20 force projection/support installations. Duties include providing care management and referral services for military personnel/families with deployment related concerns. Counseling services are not available under the Care Management initiative.

(c) Army Community Service (ACS)/Family Advocacy Program (FAP)/military treatment facilities (MTFs): ACS, FAP and Army MTFs provide various levels of assistance/services to military beneficiaries. The services are tiered as follows: (1) primary: prevention and education services; (2) secondary: high risk population interventions (in the absence of a domestic, other incident); and (3) tertiary: direct intervention and treatment initiated after an incident has occurred.

1. ACS/FAP: Provide primary and secondary levels of service, with a focus on prevention and psycho-educational classes for community and at-risk populations. (See also paragraph 2.a. above.)

2. MTFs: Provide secondary and tertiary levels of services, with a focus on direct services, e.g., safety

plans, medical evaluations, domestic violence counseling, etc. after an incident has occurred.

(d) Department of Veterans Affairs (DVA): Provides a continuum of care available to veterans, families, and communities. Available care includes professional readjustment counseling, community education, outreach services to special populations and brokering of services with community agencies. About 206 DVA centers in 54 states and or territories provide services to eligible persons.

(e) TRICARE: Routine counseling services are Not covered by TRICARE. Eight unauthorized mental health visits are available under TRICARE, through which professional services are available for care associated with mental health/psychiatric diagnoses/disorders only.

(f) Chaplains. Expansion of the Chaplain's "Building Strong and Ready Families" also provides couples' support from an educational perspective. This is a commander's program designed to be in partnership with the medical community. It is geared toward teaching families how to live in relationships while anticipating/preparing for stressful events, e.g., deployments and re-deployments, etc. as they attend to their health needs in the short/long term. The targets are military members/families at force projection installations with units down range, and also first term families. This program is initiated by an installation commander's request/funding. Chaplains are not typically trained in counseling services as a part of their religious education. Those licensed to provide M&F counseling services usually work from Family Life Centers (FLCs), for which the Chief of Chaplains is the proponent. Services available include pastoral care and counseling, M&F life education, and M&F counseling. The FLCs are located on a few military installations.

(7) *GOSC review.*

(a) *Nov 00.* MEDCOM estimates that ten installations have insufficient family and marriage counseling resources within a 25 mile radius. MEDCOM is assessing options.

(b) *Mar 02.* To meet the need in underserved CONUS locations, MEDCOM will contract for Masters level licensed marriage and family therapists.

(c) *Nov 02.* The VCSA noted that Army can do some things immediately, like adding counselors, but the more challenging issues will require further study.

(d) *Nov 03.* Assurance was given to the VCSA that the Army is trying to increase RC awareness of Army One Source.

(e) *Nov 04.* The VCSA emphasized that with limited assets, and the Army needs to pool resources where we need them to be. OTSG will seek data to quantify stress and strain on the total force that would help define the requirement for counseling.

i. Estimated cost. The cost for the 10 CONUS contract M&F counselors at 9 underserved installations is \$860K annually. Associated government administrative costs for the CONUS M&F therapy contract is about \$80K (program management/administrative support).

j. Lead agency. USAMEDCOM (MCHO-CL)

k. Support agency. G-1; G-3; USACFSC

a. Status: Active

b. Entered. AFAP XVII: Nov 00

c. Final action. No (Updated: May 05)

d. Subject area. Education

e. Scope. Family members of non-sponsored, full-time DoD non-appropriated fund (NAF) employees and DoD contractors do not receive space-available, tuition-free enrollment in Department of Defense Dependent Schools (DoDDS). Trends indicate an increase in NAF and contracted personnel to meet overseas mission requirements. Current enrollment categories for tuition-free, space-available education opportunities are a determining factor in recruiting and retaining quality employees in overseas areas. Expansion of the space-available, tuition-free enrollment categories will create greater equity among the different employment systems and maintain a quality workforce.

f. AFAP recommendation. Provide space-available, tuition-free education to family members of DoD non-sponsored, full-time NAF employees and DoD contractors.

g. Required action. Monitor progress of DoD and legislative inquiries regarding the amendment proposals for Unified Legislation and Budgeting (ULB) 2006.

h. Progress.

(1) *Validation.* In 1989, section 932 of title 20, United States Code, was amended to require that sponsors of dependents eligible for space-available, tuition-free status in Department of Defense Dependents Schools (DoDDS) be restricted to certain individuals authorized to transport dependents to or from an overseas area at Government expense and provided an allowance for living quarters in the overseas area. However, a class waiver to allow dependents of locally hired appropriated fund (APF) employees to attend DoDDS on a space-available, tuition-free basis had been in place since the early 1980s and remained in place after passage of the 1989 amendment.

(2) *Policy change for local hire, full time NAF employees.* The Assistant Secretary of Defense for Force Management Policy granted a class waiver on 2 Aug 01, for school-age dependents of local-hire, full-time NAF employees in overseas areas to be eligible on a space-available, tuition-free basis for enrollment in DoDDS, effective School Year 2002-03. As a result, dependents of APF and NAF full-time, local-hire employees have equal enrollment priority. The waiver was published in the Federal Register and DoD Directive 1342.13, "Eligibility Requirements for Education of Minor Dependents in Overseas Areas."

(3) *Enrollment criteria.* The number of space-available, tuition-free spaces fluctuates by school and grade each year, depending upon space-required/tuition-free and space-available/tuition-paying enrollments. There are no guarantees of tuition-free enrollment for space-available students from year-to-year. Non-Command sponsored military dependents have first priority for space-available, tuition-free enrollment, followed by APF and NAF full-time, local-hire employees. Spaces for dependents of APF and NAF full-time, local-hire employees are assigned based on the date the sponsor was hired in the current overseas location.

(4) *Local-hire APF and NAF dependents from space available to space required status.*

Issue 478: DoDDS Tuition for Family Members of DoD Contractors and NAF Employees

(a) Legislative initiative seeks authority for the SECDEF to allow enrollment of dependents of full time locally hired APF and NAF in DoDDS on a space-required, tuition-free basis.

(b) Proposal was removed from the legislative process for FY04 by the OSD General Counsel. The House Armed Services Committee decided not to include the proposal in the FY05 NDAA. DODEA resubmitted the proposal for FY06 legislation. The proposal has cleared OSD, OMB, and is in Congressional committees.

(5) *Children of U.S. Government contractor from space-available/tuition paying to space-required/tuition paying status.*

(a) Legislative proposal would provide the SECDEF the authority to enroll children of U.S. Government contractors in DoDDS on a space-required, tuition-paying basis. This category currently includes the dependents of personnel assigned to the military assistance and foreign military sales programs.

(b) Proposal was removed from the legislative process for FY04 by the OSD General Counsel. Participants in the ULB Summit for FY05 voted to delay submission of the proposal for contractor dependents until the FY06.

(c) DoD has shifted a significant number of positions from active duty to contractor employees and it is anticipated that the outsourcing trend will continue. These contractors fill vital roles and directly contribute to mission readiness. The Office of DoD General Counsel determined that DoD already has the authority to admit contractor dependents on a "tuition-paying, space-required like" status. This change requires a directive-type memo signed by OSD/P&R. Upon passage of legislation to expand enrollment status for locally hired APF and NAF employees, DoDDS will initiate action to move dependents of U.S. Government contractors from a space-available, tuition-paying status to space-required, tuition-paying status

(7) *GOSC review.*

(a) *Mar 02 GOSC.* DoDEA is reviewing the issue of providing space-available, tuition-free education to DoD contractors.

(b) *May 05 GOSC.* The General Counsel has authorized, based on the parent's permanent civilian employment status, continued DoDDS enrollment for overseas children whose Civil Service parent is mobilized. OSD continues to work enrollment eligibility of children of contractors (Federal and corporate) who are mobilized.

i. Lead agency. DoDEA-OCS

j. Support agency. None

Issue 479: Equal Compensatory Time for Full-time NAF Employees

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: Mar 05)

d. Subject area. Employment

e. Scope. Not all NAF employees are authorized compensatory time off. Exempt employees can receive compensatory time off or overtime pay when approved by a supervisor; however, non-exempt employees cannot. All NAF employees should be given the option of accruing compensatory time or being paid overtime. This change will align the NAF with the APF employee policy.

f. AFAP recommendation. Authorize compensatory time for all full-time NAF employees.

g. Required action. Submitted for ULB FY06, 1st round.

h. Progress.

(1) *Validation.* Army NAF pay band employees who are covered by the Fair Labor Standards Act are not allowed compensatory time-off for overtime hours worked in excess of 40 in a week. This is the only group of employees not authorized compensatory time-off in lieu of overtime pay. Wage employees were authorized compensatory time-off in Jan 97 (Pub. L. 104-201). Approximately 74,117 (all services) non-exempt pay band employees will be affected by this change. Compensatory-time off would not result in an additional cost. The law currently requires overtime pay for hours worked in excess of 40 in a week.

(2) *Legislation.* A change in law is required to amend the last part of section 5541(2)(xi) of 5 United States Code (USC) to read as follows, "except as provided by section 5543 and 5544 of this title;." Including "5543" in the legislative language would allow equal compensatory-time off provisions for all non-exempt NAF employees. This initiative supports DoD Civilian HR Strategic Plan Goal 7, "Promote Quality of Work Life as an Integral Part of Daily Operations" and P&R and DoD goals of more effective management of DoD's work force and resources. A proposal was submitted for the FY04 legislative process but was dropped for the "Defense Transformation for the 21st Century Act 2003." OSD has submitted the proposal for the FY06 ULB.

(3) *GOSC.* The Jun 04 GOSC was informed that OSD would submit a legislative proposal in the FY06 ULB to authorize compensatory time for all full-time NAF employees.

i. Estimated cost. Compensatory-time off would not result in any additional cost.

j. Lead agency. DAPE-CP-NAF

k. Support agency: US Army

Issue 480: Family Sponsorship During Unaccompanied Tours

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: May 05)

d. Subject area. Family Support

e. Scope. Some families face isolation and difficulty when their sponsor leaves on an unaccompanied tour of duty. When this occurs, neither the losing nor the gaining units are responsible for providing family support. When problems arise, the families are left with no one to be their advocate. This lack of sponsorship leaves families without a source of immediate and adequate information pertaining to financial, military, and community issues. Problems are compounded and are difficult to resolve without chain of command presence.

f. AFAP recommendation.

(1) Assign sponsorship of waiting families to the garrison chain of command.

(2) Require the Military Personnel Service Center to notify Army Community Service (ACS) and the Garrison Commander of waiting families in the area.

g. Required action.

(1) Obtain ACSIM concurrence on request to appoint a sponsor from the garrison chain of command.

(2) Change AR 608-1 to obtain the address of families with sponsors leaving on unaccompanied tours at the overseas briefing and to include these families in ACS outreach programs.

(3) Determine alternative services available to geographically dispersed waiting families residing in areas with no military installations or offices for assistance.

h. Progress.

(1) *Issue validation.* Unless soldiers let ACS know that their family is remaining in an area or is in an area, the first time ACS gets word of these families is usually after a crisis has occurred.

(2) *Garrison sponsorship.* In Feb 01, ACSIM non concurred with request to appoint a sponsor from garrison command. ACS is the best agency on the garrison staff to assist waiting families.

(3) *Regulatory guidance.*

(a) AR 600-8-11 requires all soldiers scheduled for overseas assignment to attend an ACS overseas briefing. This includes remote and isolated soldiers.

(b) Change to AR 608-1, para 4-28, (20 Oct 03) requires support services to families residing on post or in surrounding community who live separately from the military and/or civilian sponsor due to mission requirements. Services include needs assessments and information; community services information; crisis intervention services; support groups, as appropriate; and liaison with military/civilian agencies to ensure provision of required assistance.

(3) *Notification.* The military personnel division (MPD)/personnel service battalion (PSB) schedules each Soldier with an overseas assignment for an orientation with ACS. At these briefings, ACS requests addresses of waiting families to ensure contact and support (as outlined in paragraph above) can be provided.

(4) *Services available to geographically isolated families.*

(a) Army One Source (AOS) offers a 24-7 toll-free telephone (1-800-464-8107) and web-based information and referral service (www.armyonesource.com, User ID: Army; Password: onesource) to active duty and demobilized National Guard and Reserve Soldiers, deployed civilians and family members worldwide.

(b) The Army Information Line (1-800-833-6622) is part of an integrated service delivery system managed by the Chief, Well-Being Liaison Office (WBLO). It provides accurate information and issue resolution services and serves as a safety net for those who have exhausted all other resources. "The Army Families Online" web site is located at: <http://www.WBLO>.

(c) Web-based services on the ACS website, www.myarmylifetoo.com, assist connections for waiting families. The Army Relocation Readiness Program has launched new web pages to enhance services and to further assist connections between waiting families.

(5) *GOSC review.*

(a) May 01. ACS will include waiting families in their outreach initiatives.

(b) Nov 03. Issue will explore alternative services to geographically dispersed waiting families who reside where no military installations or offices are available for assistance.

(c) May 05. The VCSA said that when people think of "unaccompanied tours", it's no longer just Korea – it's

also Afghanistan, Iraq and other locations. He directed a test base to see what's working and what's not. Suggestion was made to use Fort Carson as a test base.

i. Estimated cost. Cost for web-based enhancements will be integrated into the development and maintenance of the ACS web pages.

j. Lead agency. CFSC-FP

k. Support agency. AHRC, ACSIM

Issue 483: Incentives for Reserve Component Military Technicians

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. All Reserve Component (RC) soldiers, regardless of civilian employment status, should be entitled to the Selective Reserve Incentive Program (SRIP), to include non-prior service and prior service enlistment, reenlistment, affiliation bonuses, educational loan repayments, and the Montgomery GI Bill Kicker. Military technicians (MT) perform in both a military and civilian capacity; yet, they are not eligible for incentives afforded to other members of the RC. Currently, incentives received as a soldier prior to becoming a MT are terminated when they accept a MT position. The policy denies a benefit afforded to other categories of Reserve Component soldiers and, in many cases, places a huge financial burden on a reservist who takes a civilian position to enhance the readiness of the force.

f. AFAP recommendation. Authorize Army Reserve MTs to receive and retain incentives contained in the Selected Reserve Incentive Program.

g. Required action.

(1) DA G-1 transfer incentive program management for Army Reserve Soldiers to the Chief, Army Reserve

(2) DA G-1 remove incentive restrictions of MTs.

(3) OCAR Legislative Affairs push for change in law for Affiliation Bonuses.

(4) AO quantify number of MTs who are separating because of issue.

h. Progress.

(1) *Validation.*

(a) Military technicians perform in both a military and civilian capacity; yet, they are not eligible for incentives afforded to their peers in the Army Reserve. This includes entitlement to non-prior service and prior service enlistment bonuses, the reenlistment bonus, the affiliation bonus, the Student Loan Repayment Program, the Health Professional Loan Repayment Program, the medical professional recruiting and retention bonus, Specialized Training and Assistance Pay, and the Montgomery GI Bill Kicker. Currently, incentives received as a drilling reservist prior to becoming a MT are terminated when the MT position is accepted.

(b) Denying SRIP to MTs negatively impacts their morale, recruiting, and retention. Many drilling reservists have declined MT employment when they realized they would lose their SRIP eligibility, especially the Student Loan Repayment Program. Recruiting and retaining MTs is hard enough with the conditions of employment and the current requirements for contingency operations. Providing the incentive package would be a measurable

no-cost, positive additive to those efforts. The Army Reserve has 7,844 MT authorizations. The program is currently not making end strength. We currently have a 95% fill rate. We believe we could be at 100%+ and that the quality of the force could be measurably improved by allowing MTs to receive SRIP incentives.

(2) Legislation.

(a) A change to Title 37 USC, section 308e, is needed to obtain or retain the affiliation bonus. HR 4200, NDAA FY 2005 (currently in Joint Conference) contains language to repeal the eligibility prohibition for Military Technicians. If included in public law, this will eliminate this barrier. A change to DoD Instruction 1205.21 was included in the 4 Apr 04 memorandum to the DA G-1, to allow MTs to receive and retain the non-prior service and prior service enlistment bonus, the re-enlistment bonus, the Student Loan Repayment Program, the Health Professional Loan Repayment Program, the medical professional recruiting and retention bonus, Specialized Training and Assistance Pay, and the Montgomery GI Bill-Kicker.

(b) FY 06 ULB includes language identifying the requirement to change Title 37, USC, section 308e, to allow MILTECHs to receive affiliation bonuses in the event this language is not included in the final NDAA as signed into law. If passed into law, this will give us added catalyst to have OSD change the DOD guidance and for the Army to reinstate the MTs into the total SRIP.

(3) *Transfer of incentive program management for Army Reserve Soldiers to the Chief, Army Reserve.* All regulatory guidance that requires changing has been identified and change requests have been forwarded to DA G-1. The Reserve Component Review Committee, DA G-1, is reviewing all changes and has a suspense of 25 Jan 2005 to submit their recommendation for revised regulations AR 601-210 and AR 601-280 to TJAG for review.

(4) GOSC review.

(a) *May 01.* GOSC was informed of the legislative proposal being submitted to address this issue.

(b) *Nov 04.* Issue remains active pending legislation.

i. Estimated cost. There is no (or minimal) cost associated with the proposal. The cost associated with the payment of incentives is based on the soldier's military occupational specialty or area of concentration, not on their status as a MT. The incentive list of critical skills is modified frequently and offers incentives to critical MOSs and units within current budgetary constraints

j. Lead agency. USARC DCS, G-1, Resource Management Directorate of USARC

k. Support agency. DAPE-MP

Issue 486: Tax Credit for Employers of Reserve Component Soldiers on Extended Active Duty

a. Status. Active

b. Entered. AFAP XVII, Nov 00

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. The Army's reliance on the RC (Guard and Reserve) has changed how we utilize the RC with the total Army force. Increased use of the RC has created a financial burden and other conflicts with civilian employers. In addition to supporting contingency operations worldwide, reservists are frequently required to perform additional duty and training to maintain Military Occupa-

tional Specialty (MOS) qualification and career development. An employer tax credit has the potential to reduce the number of soldiers leaving the RC due to employer conflict.

f. AFAP recommendation. Provide tax credits to employers of RC soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization.

g. Required action.

(1) Monitor legislative initiatives that address tax credits for employers of RC personnel.

(2) Develop ULB through M&RA with assist from Army Reserve and National Guard.

h. Progress.

(1) *Issue change.* In Feb 01, the AFAP recommendation was amended to clarify the status of reservists to which this issue applies.

(2) *Validation.* While legislation for a tax credit to employers of RC soldiers serving on active duty as the result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-up or mobilization could be seen as a retention enabler and reduce the economic impact on employers of RC Soldiers, it is an issue that has not successfully left the House Ways and Means Committee for over eight years and has never come to a floor vote in the House or the Senate. For successful legislation to be enacted addressing employer tax credits the DoD and the Army must champion this issue at every level. Several associations have promoted the issue of employer tax credits and continue to include this in their legislative agenda.

(3) Legislative initiatives.

(a) Legislation introduced in the House of Representatives and Senate during the 107th Congress to amend the IRS Code to allow the tax credit had ongoing, active support of the Reserve Officers Association, National Guard Association, Military Coalition, and U.S. Chamber of Commerce, but did not pass.

(b) The economic stimulus package was seen as a likely vehicle for the tax credit, but the bill was a victim of partisan disagreement as the session concluded.

(c) Five bills have been introduced targeting Employer Tax Credit. The proposals have the active support of the Reserve Officers Association, National Guard Association, and the U.S. Chamber of Commerce.

(d) Legislation was introduced in the 109th Congress to amend the Internal Revenue Code of 1986 to allow an employer tax credit (no cost to the DOD).

(1) H.R. 443, A bill to amend the Internal Revenue Code of 1986 to provide a tax credit of 10% of unpaid compensation up to \$2K per year employee to employer for the value of the service not performed while members of the reserve components, was introduced by Rep. Bilirakis (R-FL).

(2) H.R. 446, A bill to amend the Internal Revenue Code of 1986 to provide to employers a tax credit for up to 50% of paid compensation up to \$2K per employee for compensation paid during the period employees are performing service as a member of the reserve components was introduced by Rep. Bilirakis

(3) S. 240, Small Business Military Reservist Tax Credit Act. A bill that allows small business employers a credit against income tax for employee who

participate in military reserve components and are called to active duty, replacement employees and self employed.

(4) *Mar 02 GOSC review.* There are five bills in the House and two in the Senate to provide tax credits to employers of RC soldiers serving on active duty as a result of a deployment in support of a contingency operation or pursuant to a Presidential Selected Reserve Call-Up or mobilization.

i. Estimated cost. Cost to the IRS is undetermined.

j. Lead agency. DAAR-CSG

k. Support agency. Reserve Officers Association. Association of the United States Army, The Military Coalition, National Guard Association and the U.S. Chamber of Commerce

Issue 488: TRICARE Prime Remote for Active Duty Family Members Not Residing With Military Sponsors

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: May 05)

d. Subject area. Medical

e. Scope. The FY01 National Defense Authorization Act (NDAA), Section 722, authorized TRICARE Prime Remote (TPR) for Active Duty family members (ADFM) who reside with members of the Uniformed Services eligible for TPR within the 50 United States. Military Service members are eligible for TPR if they live and have a duty assignment more than 50 miles (or 1 hour's drive time) from a military medical treatment facility (MTF). ADFMs who do not reside with their TPR eligible sponsors, regardless of the reason for the geographical separation, are currently not eligible for the TPR benefit.

f. AFAP recommendation. Provide TPR access for all ADFMs who reside in TPR zip code areas.

g. Required action.

(1) Ask TRICARE Management Activity (TMA) to seek legislative relief from the "resides with" eligibility requirement.

(2) Submit legislative proposal requesting TPR eligibility for all active duty family members residing in TPR remote zip codes.

(3) Submit legislative proposal requesting a SECDEF TPRADFM eligibility waiver authority for extenuating circumstances.

(4) Monitor the status of legislation to expand TPR eligibility to include all remotely located Active Duty family members.

h. Progress.

(1) *Legislative proposals.*

(a) FY01 NDAA. TPRADFM was implemented 01 Sep 02 for ADFMs who "reside with" their TPR eligible sponsors. In a 2 Jan 01 memorandum to the Director, TMA, TSG indicated that TMA should seek legislative relief from the requirement that family members must reside with the sponsor to receive the TPRADFM interim "waiver-of-charges" benefit. The TMA Director's 23 Jul 01 response said TMA would implement the program as directed by the current "resides with" language, document the extent of any problems, and reconsider legislative proposals in the next cycle.

(b) In Oct 02, TSG sent TMA a proposal to extend the TPR benefit to all ADFMs who reside in TPR zip

code areas regardless of the sponsor's location. A response to the request was not received.

(c) In Jan 03, TSG submitted a FY04 legislative proposal through Army channels to OSD requesting TPR eligibility for all ADFMs residing in TPR zip code areas. SECARMY approved the proposal and submitted it to OSD; however, OSD did not approve the proposal for submission to the Office of Management and Budget (OMB). In Aug 03, TSG re-submitted the legislative proposal for FY05 through Army channels to OSD. The proposal was again not approved for submission to OMB.

(d) In Feb 04: TSG submitted a request to grant TPRADFM eligibility waiver authority to the Secretary of Defense (SECDEF), allowing a waiver of the "resides with" clause for extenuating circumstances.

(2) *Legislative action.*

(a) The FY03 NDAA provided some relief from the TPR "resides with" eligibility requirement. It allows family members already enrolled in TPRADFM to remain in TPRADFM in the same zip code area while their AD sponsor serves an unaccompanied tour subsequent to the TPR assignment. It also gives family members of activated RC members on orders of over 30 days eligibility for TPRADFM if they reside in a TPR zip code area with the activated member/sponsor at the time of activation. A 10 Mar 03 Assistant Secretary of Defense (Health Affairs (ASD(HA))) memorandum implementing the FY03 NDAA provision also permits RC members/families to enroll in TRICARE Prime when the member is on orders for over 30 days (previous policy was 179 days or more).

(b) A provision in House Report (H.R.) 4200, FY05 NDAA, Section 713, that would have given the SECDEF authority to waive (under certain circumstances) all restrictions on TPR coverage for family members residing in a remote location regardless of the sponsor's current/past assignment, was not enacted into law.

(c) While eager to expand the benefit to provide coverage for ADFMs living in remote areas due to government orders, Congress has been unwilling to expand coverage to families who live in remote areas by choice. This is consistent with a congressional unwillingness to extend the TPR benefit to retirees or AD families who live in remote areas by choice.

(d) ADFMs who are eligible for TRICARE and who live in a Prime Service area may enroll in TRICARE Prime whether or not they reside with their sponsor and even if their sponsor is enrolled in TPR. In addition to the areas surrounding most military installations with military treatment facilities, Prime Service areas include Base Realignment and Closure (BRAC) sites and other locations with large military beneficiary populations.

(3) *GOSC review.*

(a) Nov 02. The GOSC reviewed the provisions of the FY03 NDAA as they relate to this issue.

(b) May 05. GOSC did not support closing this issue. The changing Army footprint will impact the medical system.

i. Estimated cost. Approximately 50,000 geographically dispersed military family members are eligible, but not enrolled in TPR. Of these, approximately 14,000 are Army family members. The cost to provide TPRADFM to family members not enrolled in TPRADFM is estimated at \$14.3M. Army's portion of this bill (for 14,450

Army eligible ADFMs not enrolled in TPRADFM) would total \$4.1M annually.

j. Lead agency. MCHO-CL-M, OTSG

k. Support agency. TMA

Issue 491: Army Community Service (ACS) Manpower Authorizations/Funding

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Feb 05)

d. Subject area. Family Support

e. Scope. ACS is currently understaffed due to lack of authorizations. Over the last ten years, ACS has lost 53 percent of its manpower authorizations. Although the military strength has decreased, the percentage of family members has increased. ACS Staff members are asked to perform multiple roles, adversely impacting the availability of services to soldiers and their families, especially in financial readiness, spouse employment, and Exceptional Family Member Program (EFMP).

f. AFAP recommendation.

(1) Provide authorizations and funding for all ACS positions according to the US Army Manpower Analysis Agency Staffing Guidelines.

(2) Fund the Well Being initiatives that support ACS.

g. Required action.

(1) Develop Manpower Authorizations/Funding requirements for the FY 04-09 Program Objective Memorandum (POM).

(2) Brief to Installation Program Evaluation Group (PEG)

(3) Prepare Concept Paper requesting 185 new requirements

(4) Develop manpower authorizations/funding requirements

for FY05-09 Program Objective Memorandum (POM).

(5) Staff Total Army Analysis (TAA) responses.

(6) Request Installation Management Agency (IMA) conduct a data call for MOB TDAs to obtain a current list of ACS positions that are on the installation MOB TDAs,

(7) Request the Army Strategic Planning Board (ASPB) fund the 185 authorizations with Supplemental dollars.

(8) IMA Manpower and Force Analysis Branch will prepare FY07 MOB TDAs reflecting 185 ACS positions. CFSC-FP will provide detailed information on unit identification codes, position titles, series and grades. IMA will submit FY07 MOB TDAs to USAFMSA for approval prior to Force Lock, currently scheduled for 24 Jun 05.

h. Progress.

(1) *Staffing standard.*

(a) The ACS manpower staffing standard was included in the FY 04-09 POM as an emerging requirement and briefed to the Installation Program Evaluation Group (PEG) to be worked in QACS Planning, Programming, Budget, and Execution System (PPBES). The additional manpower requirements (565 spaces at a cost of \$36.6 million) were validated by the II PEG for inclusion in the FY04-09 POM.

(b) Subsequent to the validation by the Installation PEG the Senior Resource Group (SRG) remanded the requirement. The SRG recommended the issue be addressed through the Total Army Analysis 2011 (FY05 - 11) process. The new staffing guidance reflects the

minimum manpower to achieve the most efficient organization and provides for a total of 1,188 requirements and 1,188 authorizations. The FY04-09 BASOPS TAADS reflects 1,003 requirements and 711 authorizations; leaving a delta of 292 authorizations to be recognized and funded. Upon review of the issue in TAA-11, any resultant manpower authorizations will be incorporated into FY05 -09 POM requirements.

(2) *Manpower.*

(a) A Concept Plan for 185 new ACS manpower requirements was sent to DAMO-FMP for review and approval on 13 Feb 2003. The Concept Plan is CFSC's detailed proposal requesting new 185 requirements. The concept plan was used to request changes to existing organizational structure. The HQDA-approved requirements in a concept plan formed the basis for requesting additional resources. In accordance with DAMO-FMP guidance, the concept plan was submitted to the G3 for full HQDA staffing and submission for approval by senior leadership.

(b) Request for funding for the manpower requirements currently on the FY04 -09 BASOPS TAADS was included as an emerging requirement in the FY05-09 POM. Highest priority was given to funding the 292 authorizations (approximately \$12,907 annually) needed to support requirements previously documented in the manpower system. The manpower requirements were validated in the FY05-09 POM.

(3) *Staffing Compromise QTR FY02*

(a) The Concept Plan remained in the staffing process until all elements provided a response. At the conclusion of the staffing process, the Army G8 non-concurred with the ACS Concept Plan. However, a compromise was reached between G8 and the DACSIM, with both agreeing to support the ACS Staffing shortfall (6 Oct 2003).

(b) ACSIM/CFSC will request increases to ACS staffing through the ASPB to be funded with Supplemental dollars. This would increase ACS staffing immediately and address the 185 new Requirements. The 185 spaces would be available to installations where units are deployed or will soon deploy to Iraq or Afghanistan, fixing the immediate wartime/deployment shortfalls.

(c) CFSC and IMA will work with DAMO-FM/RQ and USAMAA to develop a Mob TDA to account for all increases in ACS workload during wartime/deployments to include Family Readiness Groups (not necessarily to BN or BDE level, but at whatever makes sense fiscally/operationally).

(d) CFSC will include the funding for the 292 authorizations as an emerging requirement in the FY06-11 POM. The Installation Program Evaluation Group validated the requirement for the 292 spaces in the FY06-11 POM.

(e) Approval of MOB TDA resides with USAFMSA. IMA Manpower and Force Analysis Branch will build the FY07 MOB TDAs based on input from CFSC-FP to document the 185 ACS positions in Sections II (Personnel) and the associated workload supporting the garrisons' MOB requirements in Sections I (Mission & Functions) of the appropriate MOB TDA.

(4) *GOSC review.* The Nov 02 GOSC was provided an overview of the ACS manpower requirements.

i. Estimated cost.

(1) Funding for the 292 requirements that are on the FY04-09 BASEOPS TAADS, but not funded will cost the Army \$11.8M. The additional authorizations will be funded incrementally by the Power Projection Platform Installations and Europe and Power Support Platform Installations, and followed by the remaining installations (FY06).

(2) The FY04-09 BASOPS TAADS shows 1,003 requirements for QACS, leaving a remainder of 185 requirements that are needed to meet the USAMAA staffing standard of 1188. The 185 additional requirements will cost the Army \$12.8M and be funded with Supplemental Funds for the positions on the MOB TDA at Power Projection Platform Installations and Europe and Power Support Platform Installations.

j. Lead agency. CFSC-FP

k. Support agency. DAIM-ZR, DAMO-FMP, CFSC-FM, SFIM-RM-M, SFIM-OPS

Issue 492: Army Retirement Benefits Awareness

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. Retirement benefits information programs are only offered at or near retirement. Many Active Duty and Reserve Component soldiers and spouses are not familiar with their benefits, entitlements, and compensations. Frequent benefit changes impact service members' retirement plans.

f. AFAP recommendation.

(1) Implement retirement benefits information programs at established intervals during a soldier's career, i.e. Professional Development Programs.

(2) Publish Army Retirement Services website address bi-annually on LES for both Active Duty and Reserve Components.

(3) Inform spouses of retirement benefits through family programs, i.e. Army Family Readiness Groups, AFTB.

g. Required action.

(1) Ask CFSC and appropriate RC personnel office(s) to ensure spouses of members are made aware of their retirement benefits through family programs.

(2) Establish with DFAS the requirement to publish bi-annual on the LES remarks section the Active and Reserve soldiers retirement services websites.

(3) Ask POCs for military schools to add retirement benefits education to the curriculum.

(4) Create a web-based benefits tool that will assist soldiers and their family members of all components to determine their particular retirement benefits at any point throughout their careers.

(5) Meet with the SMA regarding possible entry in AR 350-1, and to request his assistance.

(6) Measure need for education and success of current available information by adding questions to the Army-wide survey.

h. Progress.

(1) *Information outreach.* On 1 Oct 02, the RSO provided CFSC's Army Family Team Building (AFTB) Director input for their instruction module. The RSO homepage, as well as a retired pay calculator, are links on the AFTB homepage. RSO contacted the Dir, Family

Programs on 18 March 2003 to re-establish our availability to provide retirement information for their use in AFTB and in other CFSC programs, as needed. Contact was initiated with CFSC, ARNG and HRC-St. Louis.

(a) AFTB: Of the three listings in AFTB's Retirement Section, the ARSO homepage has the highest usage.

(b) Other sites with links to the ARSO homepage include: Army (www.army.mil), HRC – Alexandria (www.perscomonline.army.mil/index2.asp), The Adjutant General

(www.perscomonline.army.mil/tagd/index.htm), and Branch Newsletters. We have reviewed all Officer Branch homepages, determined where RSO could fit as a link, and contacted POCs. We have received favorable responses from Special Forces, Military Intelligence, Medical Corps, Aviation, Transportation and Finance.

(2) *Retirement information for the USAR.* In the Army National Guard (ARNG), each state conducts a retirement education program – not uniformly, however. Contact with the ARNG was made 27 Nov 02 to request retirement benefits information be added to their military and family courses. Several states have instituted programs that require the spouse to accompany the soldier to the unit for briefings at the 20-year career mark and at the age 58-59 milestone. Some count the retirement information sessions as weekend drill sessions, paying TDY costs for the soldier and spouse attendance. Some states, due to distance and sparse population, have not yet followed suit. Members of the RC received information on the G-1 RSO website on their Jul 04 End-of-Month Leave and Earnings Statements (LES). The following messages appeared: "DO YOU KNOW WHAT YOUR RETIREMENT BENEFITS ARE? CHECK THEM OUT AT <http://www.armyg1.army.mil/retire>."

(3) *Retirement information for the ARNG.* HRC-St. Louis reports that, in the USAR, retirement benefits should be briefed to unit members (and spouses) as part of professional development. However, HRC-STL cannot confirm that to be the case across the component. For non-unit members, retirement information is mailed to them at the 20-year career mark, and again at age 58-59 as part of the application for retired pay. Spouses are now more active participants, in light of the 1 Jan 01 law requiring their written concurrence with certain RC Survivor Benefit Plan (RCSBP) elections. HRC-St. Louis urges the US Army Reserve Command (USARC) to conduct briefings and counseling sessions and to send their unit technicians to school (Fort McCoy) to receive training in these areas. On 1 Feb 05, HRC-St. Louis confirmed that more and more states are coming on board with the above-mentioned program. HRC-SL continues to encourage ALL states to comply.

(4) *Web site information.* The Active Component's Jan and Jul 03 LESs listed the RSO website. The Reserve Component's September LESs contained the website address. Both Active and Reserve Components' Feb 04 LESs will contain retirement home page URLs. Army Retirement Services will continue to ensure that DFAS meets this bi-annual requirement for both the AC and RC; however, the restriction to six lines of "remarks space" on the RC LES may make it difficult to provide this information twice yearly.

(5) *Professional education-Enlisted Schools.* The goal remains to “get retirement information into all Army school houses.”

(a) *Enlisted Schools.* The briefing entitled “Training Soldiers on Retirement Issues that Affect Their Financial Future” was given at the SMA Nominative Conference. SMA supported the effort to have certain retirement and survivor programs included in the Non-Commissioned Officer Education System (NCOES). The CSM and SGM in charge of Army training have been provided retirement information for incorporation into NCOES curricula.

(b) *Officer Schools.* The Warrant Officer (WO) Candidate, Staff and Senior Staff courses provide a 1 ½ block of instruction on retirement and the Survivor Benefit Plan (SBP). The G-1 RSO has been notified that an official tasking order is required from HQDA to TRADOC in order to add topics on retirement benefits, entitlements, and compensation to the courses.

(6) *On-line information.* On 15 Sep 03, the new “Army Benefits Tool” was posted on Army Knowledge Online (AKO). It uses web-based information from a variety of government sources and includes calculators that can be used to build benefits data applicable to individuals. The product was demonstrated at Personnel Leaders Meeting in Sep 03 and the AUSA Annual Meeting in Oct 03. Availability of the tool has been announced in *Army Times*, *Army Echoes*, and through the Army News Service. Information on the availability of this tool is included in every installation’s pre-retirement briefing. G-1 RSO continues to oversee its content, and markets its availability through use of various media. Current weekly usage is 73,000 visits (20,000 of which are “original” visits). The ABT site receives 2.5% of AKO’s overall visits.

i. Estimated cost. None projected.

j. Lead agency. DAPE-RSO

k. Support agencies. DCS, G-1 Professional Development Proponent; DFAS-IN; CFSC; OCAR; NGB; HRC-St Louis; Office of the SMA.

Issue 493: Basic Allowance for Housing (BAH) for Activated Reserve Component (RC)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. Activated RC soldiers frequently incur financial hardship due to current law governing BAH. During the first 140 days of active duty, RC soldiers receive BAH II, which is only 60% of full BAH. There is no provision for retroactive compensation for the first 140 days of activation. Aligning the RC housing allowance with that of the active component will reduce financial problems often caused by loss of civilian pay.

f. AFAP recommendation.

(1) Provide RC soldiers on active duty full BAH after 30 days.

(2) Pay RC soldiers on active duty in excess of 140 days the full BAH from the first day of activation.

g. Required actions.

(1) Submit ULB initiative to receive full BAH at 30 days.

(2) Request OSD remove regulatory requirement for RC to serve on Active duty for 140 days at one location.

h. Progress.

(1) *Full BAH.*

(a) Office of the Secretary of Defense for Reserve Affairs submitted a Unified Legislation and Budgeting (ULB) Personnel initiative (RA-1) for FY04. The Army cost for this proposal is \$30M. (Army generally budgets only \$30M for all ULB initiatives.) Services and OSD Comptroller deferred ULB to FY05 due to fiscal constraints.

(b) The issue was dropped from FY05 legislative initiatives pending completion of the Reports to Congress on Reserve compensation and entitlements. The Working Group working these initiatives is ongoing and is expected to be completed in August and the report sent for staffing in Fall 03.

(c) A FY06 ULB initiative entitled BAH Reform would allow payment of the same BAH rate for all service members regardless of tour length and would eliminate the 140-day BAH II threshold outlined in Title 37, USC, Section 403(g)(3). According to Title 37 USC Section 403, “The Secretary of Defense shall establish a rate of BAH to be paid to a member of a RC while the member serves on AD under a call or order to AD specifying a period of less than 140 days, unless the call or order to AD is in support of a contingency operation.” If a Soldier is entitled to BAH, then the Soldier will receive BAH based on his/her residence zip code from day one if serving on a tour of 140 or more days or if serving for any period of time in support of a contingency operation. If the Soldier serves on active duty in a non-contingency status for less than 140 days, then the Soldier is entitled to BAH II, which is roughly 60% of average BAH. BAH II is the rate of housing allowance the Secretary of Defense has set for reserve component Soldiers serving in a non-contingency status of less than a 140 days. The total Department of Defense resource requirement is \$162 million for FY06 and \$810 million for FY06-FY10. The Army’s requirement is \$103 million and \$516 million, respectively. Although the Services have completed their final votes, the Secretary of Defense has not made a decision concerning this initiative. If approved, the earliest a change could take place would be FY06.

(2) “*One location*” requirement. The Army’s request to change the 140-day requirement at one location for RC to receive full BAH was forwarded to the Defense Finance and Accounting Center for staffing with all services and a final change to the regulation. The DoD Financial Management Regulation (DODFMR) proposed change was staffed with all DoD services but was not supported. Defense Finance and Accounting Service quoted a former Comptroller General decision that a service member cannot receive full BAH and be in a temporary status as the reason to deny this change.

(3) *GOSC review.* The Nov 02 GOSC was updated on the legislative and OSD proposals.

i. Estimated cost. The Army’s cost to decrease the threshold to 30 days would be \$63M for FY05, and the total DoD resource requirement would be \$96M.

j. Lead agency. Reserve Affairs

k. Support agency. DCS G-1

Issue 497: Distribution of Montgomery GI Bill Benefits to Dependent(s)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. The FY02 National Defense Authorization Act restricts distribution of the Montgomery GI Bill to dependents of soldiers with designated critical skills who agree to reenlist for four additional years. Soldiers who enroll in this program and are not in a designated critical skill are not entitled to distribute their benefits to their dependents. All soldiers should be able to distribute their educational benefits to their dependents, thus increasing the well being of the Total Army Family.

f. AFAP recommendation. Allow the distribution of basic educational benefits to dependents under the GI Bill to include all soldiers with at least ten years of service without additional reenlistment requirements.

g. Required action.

(1) Monitor any legislative proposal that would allow distribution of Montgomery GI Bill benefits to soldiers in any military occupational specialty.

(2) Initiate a pilot program for FY05 that would allow distribution of Montgomery GI Bill benefits to Soldiers in certain critical military occupational specialties.

h. Progress.

(1) *Pilots.*

(a) The Air Force conducted a pilot program, ending 30 Sep 03, implementing distribution of Montgomery GI Bill to dependent(s). The Air Force had a total eligible population of 320 Soldiers, with 155 expected to take advantage of the program. The actual number was 56 (30 officers and 20 enlisted). The Air Force did not feel the program generated enough interest and did not continue the test for FY05.

(b) The Army will implement a pilot program in FY05 to allow Soldiers in certain critical skills the opportunity to transfer a portion of their Montgomery GI Bill benefits to a family member. Soldiers will be required to reenlist to receive this benefit.

(c) The same MOS that qualify the SM for the SRB will also qualify the SM for the distribution of MGIB benefits to dependents option.

(d) The draft implementation plan has been completed for the pilot program. The implementation message to the field and the Retention STRATCOM Information Request will be completed by mid-Mar 05.

(2) *Legislative attempts.* H.R. 4213 was introduced in Apr 02 which would remove the "critical Skill" requirement and allow Service Secretaries' at their discretion, to offer "Transferability" to all Servicemembers. The legislation retains the provision that Servicemembers must have six years of service and reenlist for four additional years. This legislation was defeated thus keeping the restriction for "critical skill" in place.

(3) *GOSC review.* At the Nov 02 GOSC, members commented that it is difficult for soldiers to save enough to send their children to college and that many soldiers would be willing to give up their educational benefits if they could pass that on to their children. The VCSA noted the strong endorsement for this initiative and said he wanted it noted that Army supports transfer of MGIB benefits.

i. Estimated cost. SM will be given option of either selecting his/her full Selective Reenlistment Bonus (SRB) lump sum payment, or selecting the distribution of MGIB Benefits to dependents, which will cost the service member \$5K of his/her SRB lump sum payment. Some Army costs may be realized in the administration, tracking, and reporting areas.

j. Lead agency. DAPE-MPE

k. Support agency. OSD-P&R

Issue 501: Funding for Exceptional Family Member Program (EFMP) Respite Care

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical/Command

e. Scope. Currently there is no authorization to use appropriated funds to pay for or subsidize the cost of EFMP respite care, except for active family advocacy cases which have restricted parameters. EFMP respite care is funded by limited and unpredictable donations. Caring for Exceptional Family Members can be stressful both financially and emotionally.

f. AFAP recommendation.

(1) Authorize the use of OMA funds to either pay or subsidize respite care for EFMP families.

(2) Provide additional OMA funding to pay for EFMP respite care.

g. Required action.

(1) Submit emerging requirement for respite care resources.

(2) Monitor validated requirement through Planning, Programming and Budget System.

(3) Submit respite care requirement for GWOT funding.

h. Progress.

(1) *Related issue.* AFAP Issue #401, "Funded Respite Care for Exceptional Families", entered Army Family Action Plan (AFAP) XIII in 1995 and recommended that the Army obtain authorization to extend the use of OMA funds to either pay or subsidize respite for exceptional families. In 1997, the AFAP General Officer Steering Committee determined Issue #401 unattainable because of the absence of support for OMA funds to pay or subsidize respite care for exceptional families.

(2) *Use of appropriated funds.* The Office of the CFSC Command Judge Advocate has no legal objection to the use of appropriated funds for respite care in other than family advocacy cases per DoDD 1342.17, Subject: Family Policy and AR 608-75 (EFMP).

(3) *Validation* DoDD 1342.17 states that the total commitment demanded by military service requires that DoD personnel and their families be provided a comprehensive family support system, based on, among other things, special needs support. Special Needs Support Program, as defined, includes respite care. Finally, DODD 1342.17 states that it is DoD policy that family support systems be allocated resources to accomplish their missions, as prescribed in DoDD 1342.17. AR 608-75 implements DoDD 1342.17 and specifically provides for respite care to eligible family members outside the Family Advocacy Program.

(4) *Funding.*

(a) Funding was not allocated for Exceptional Family Respite Care for the FY 06-11 POM. The requirement requested funding for respite care for two percent of the 62,000 active duty EFMP enrollees (1,240 EFM). Categories that would be covered under this proposal are EFMs having one or more of the following manifestations: (a) little or no self-help skills; (b) severe continuous seizure activity; (c) ambulation with neurological impairment; (d) tube feeding, (e) tracheotomy with frequent suctioning; (f) apnea monitoring during hours of sleep; and (g) inability to control behavior with safety issues.

(b) If funding were provided, the AMEDD will forward certification to the garrison commander for respite care authorization. Each certified EFM will receive a maximum of 16 hours of respite care monthly at a rate of \$10 an hour for \$2.4M annually.

(c) In Sept 04, CFSC submitted the "Exceptional Family Respite Care" requirement to OACSIM for FY05 GWOT funding.

(5) **TRICARE.** TRICARE is preparing to implement Extended Care Health Option (ECHO), a replacement for the Program for Persons with Disabilities in late FY05. ECHO includes a respite care benefit for those who qualify based on medical needs. In order to qualify for respite care, the individual must be receiving other ECHO benefits. Reservists who are TRICARE eligible will be able to take advantage of ECHO. ECHO does not assist families who need limited respite care. Currently, ECHO does not provide respite care benefits overseas.

(6) **GOSC review.** At the Nov 04 AFAP GOSC, the VCSA said this issue needed further study. He questioned the validity of the \$10 per hour estimate, noting the legal and insurance issues associated with caring for EFMs.

i. Estimated cost. The cost is \$5.9M annually to fund EFMP respite care.

j. Lead agency. CFSC-FP-A

k. Support agency. U.S. Army Medical Command.

Issue 502: Funding for Installation and MACOM Youth Leadership Forums

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Youth

e. Scope. Currently, Army Youth Programs do not provide Youth Leadership Forums at installation and MACOM levels consistently throughout The Army. Additionally, Youth Services programs are not adequately funded to cover these Youth Leadership Forums. Youth are the voice of our future; they need guidance and training to prepare to be leaders for tomorrow.

f. AFAP recommendation.

(1) Fund current Youth Services budget to provide Youth Leadership Forums and instructor/student training.

(2) Establish Youth Leadership Forums as a baseline program in the Army Youth Services and link to Army well-being.

g. Required action.

(1) Ensure resources to conduct Youth Leadership Forums included in MDEP QYDP FY 04-09 POM.

(2) Issue procedural guidance to include installation Youth Leadership Forums as a component of Child and Youth Services (CYS) Baseline Programming.

(3) Submit and monitor implementation in Army Well Being Plan.

h. Progress.

(1) **Resources.** Army Youth Services is funded through Management Decision Package (MDEP) QYDP. MDEP QYDP contains adequate funding for installations to conduct local Youth Leadership Forums. Funding for FY 05 forums uncertain due to severe budget constraints, pending Supplemental Funding.

(2) **Procedural guidance.** Guidance will be issued to installations in 4th Qtr, 04. Installation Youth Leadership Forums will be included in the Installation Child and Youth Evaluation Tool (ICYET). Staff protocols and a programming template are being developed to ensure Youth Leadership Forums are conducted in a consistent manner throughout the Army. The requirement for reviewing the results of local youth forums will be included in the annual CYS Program assessments beginning in FY 06. Youth Leadership Forums are included in Common Levels of Support.

(3) **Army Well Being Plan.** Submitted for inclusion in Army Well Being Plan.

i. Estimated cost. Region Youth Leadership Forums funded by IMA for FY 04. MDEP QYDP contains adequate funding in the outyears

j. Lead agency. CFSC-CYS

k. Support agency. G1, IMA.

Issue 506: Reserve Component Retired Pay

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. RC retired soldiers do not receive retirement pay until age 60. Active duty retired pay is received immediately upon retirement. Current OPTEMPO greatly increases the demand for RC soldiers. In today's "One Army," offering retired pay options to RC soldiers would reduce this inequity.

f. AFAP recommendation. Authorize retired RC soldiers the option to receive a reduced rate of retired pay at age 50 or wait until age 60 to receive full retired pay.

g. Required action.

(1) Study need and effectiveness of changing Reserve Retirement system.

(2) Consider changing the law and monitor proposed changes.

h. Progress.

(1) **History.**

(a) The Reserve retirement system was established in the Army and Air Force Vitalization and Retirement Equalization Act of 1948. The primary purpose of establishing a Reserve retirement system, as stated in the Senate Report 1543 that accompanied H.R.2744, was to provide an inducement to members of the Reserve component to remain active in the Reserves over a longer period of time, thereby providing a better trained and more ready Reserve to meet the national defense structure.

(b) The House subcommittee hearings stated that retirement is intended to partially compensate an individual in his later years for the great sacrifices made during

his or her earning capacity and 60 seemed a reasonable age. Further, it was suggested that if the minimum age at which Federal civil service employees become eligible for an immediate annuity is reduced, consideration should be given to also reducing the age at which RC members could start receiving retired pay. However, when eligibility for full civil service employment retirement benefits was lowered to age 55 by Public Law 89-554 in 1966, the eligibility age for Reserve retirement was not considered.

(2) *Legislative proposals.* Several bills that would amend the age requirement for receipt of retired pay for Reservists have been introduced in the House and Senate.

(a) The first approach would have the reserve retirement system mirror the active duty system by allowing Reservists to receive retired pay immediately upon retirement after completing 20 qualifying years of service.

(b) The second approach would lower the retirement age from 60 to 55.

(c) The third approach would reduce the retirement age in one-year increments for every two years of additional service beyond 20 years. One variation of this approach would reduce the age no lower than 55, while the second approach would reduce the age requirement no lower than 53.

(d) The Senate Committee Report, PL 107-151, requires the Secretary of Defense to study Reserve personnel compensation to include retired pay. Review was completed March 15, 2004. The Department recommendation on Reserve retirement is to complete a study initiated last year on the military retirement systems which will provide a model that will help predict the effects of any changes to the reserve retirement system on force management. RAND briefed OSD on their preliminary results Feb 05. RAND anticipates completing the first draft of the preliminary report by the end of Mar 05. Information briefed is not ready for public release.

(e) The United States General Accounting Office (GAO) conducted an entrance conference on 4 Nov 03 for an engagement addressing reserve retirement. This was in response to a mandate from House Report 107-436 that accompanied the National defense Authorization Act for 2003, which asked GAO to assess the effectiveness and adequacy of reserve compensation. GAO completed its report Aug 04. The report made four recommendations:

(1) To specify desired metrics for measuring the attrition rates of senior officers and enlisted reserve component personnel who are approaching retirement eligibility and, therefore, are most likely to be affected by changes.

(2) To determine if gaps exist between the desired and actual rates of attrition.

(3) To identify changes, if any, to the current reserve component retirement system that would address these gaps, to the extent that they exist.

(4) To evaluate any changes to the reserve component retirement system and their associated long-term costs in the context of the total force.

(f) The DoD Response to the GAO report was that DoD needs more data before it can determine if costly changes to the reserve retirement system are warranted.

i. Estimated cost. Immediate annuity: Cost to retired accrual account by \$1.6B in first year and \$18B over next 10 years. Age 55 annuity: \$600M in first year and nearly \$6.6B over next ten years. Earlier annuity no projected cost. There are other cost factors such as outlays from the United States Treasury and also an increase to the Defense Health Program because of the increase in eligible beneficiaries.

j. Lead agency. DAPE-PRC

k. Support agency. OSD

Issue 507: Running Shoe Allowance

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. The formula currently used by the Army to determine the Clothing Replacement Allowance does not take into consideration the need to replace running shoes. To maintain physical fitness, soldiers are required to participate in physical training, which includes running 3-5 times per week. Worn running shoes increase the potential for injury.

f. AFAP recommendation. Increase Clothing Replacement Allowance to allow for semi-annual replacement of running shoes.

g. Required action.

(1) Seek funding approval to increase CRA.

(2) Contact ASA(I&E) for the number of Soldiers with footwear injuries, loss of duty days and medical expenses.

(3) Start DSOC MTF Footwear Project initiative and report the results of the study.

h. Progress.

(1) *Validation.* It is an established fact that running shoe should match the foot pattern of the wearer. Additionally, it is well established that the wearer's foot pattern changes and should dictate the shoe style and the frequency of purchase. By providing a cash allowance of \$60 to initial entry training soldiers to offset the cost of running shoes, the Army has recognized the need to support running shoes as a physical fitness clothing item.

(2) *Cash allowance for IET Soldiers.* On 10 May 01, the Chief of Staff of the Army (CSA) gave a verbal approval to implement a running shoe cash allowance starting 1 Oct 01. Because of the MPA funding constraints, one Cold Weather Field Jacket (CWFJ) was taken out of the clothing bag and a \$60 running shoe cash allowance was added to the clothing bag on 1 Oct 01 (FY02) for Initial entry training soldiers. There was no increase to the Clothing Replacement Allowance because the allowance was approved for IET soldiers only.

(4) *Increase in CRA.* G-4 position is that based on MPA funding constraints and the Army's efforts to modernize the Army's Clothing Bag items, increasing the CRA to allow for the issue of two pairs of running shoes. On 13 Feb 04, SMA non-concurred with a running shoe cash allowance for two pairs of running shoes.

(5) *Injury based on inappropriate running shoes.*

(a) The U.S. Army Center of Health Promotion and Preventive Medicine (USACHPPM) provided a study on lower extremity stress fractures that includes an assessment of the age of footwear in the occurrence of foot in-

juries. This study addressed only lower extremity stress fractures. The study concludes that:

1. Although the running shoe was not studied in detail, the age of the shoes and the price paid provided information about the condition of the shoes.

2. Price did not affect fracture rates, but increasing age of the shoes did. The age of the shoe may indicate the degree to which its shock absorbent material has been compacted. The mechanical support provided by a shoe is also adversely affected by age.

(b) A study of U.S. Marines undergoing 12 weeks of training at Parris Island, SC found:

1. A 75% increase in stress fractures from use of shoes that are age 1-6 months to shoes that are age 6-12 months

2. While 1.9% of the recruits whose running shoes were used for 1-6 months experienced lower extremity stress fractures, 2.52% of the recruits whose running shoes were used for 6-12 months experienced lower extremity stress fractures.

(c) ASA(I&E) advised that the DSOC MTTF Footwear Project is studying the effect of footwear fit and replacement on footwear injuries for DOD. The project will be implemented 1st Qtr FY 05. Panel results anticipated by 3rd Qtr FY 05.

(d) Defense Safety Oversight Committee (DSOC), Medical Training Treatment Facility (MTTF) is funding a Quad-Service study to quantify the number of running shoes required at 10-12 basic training centers. Once funded in FY05, the study should quantify the results by Dec 05.

(e) OASA (I&E) advised that the DSOC MTTF Footwear Project is studying the effect of footwear fit and replacement on footwear injuries for DOD. The project will be implemented 2nd Qtr FY 05. Panel results anticipated by Dec 05.

(6) *GOSC review.* At the Jun 04 GOSC, the Director of the Army said for G-4 to assess this issue from the perspective of safety and injury.

i. Estimated cost. Based on the assumption that the wear life of running shoes is 12 months, two pair per year is required at a cost of \$60.00 each pair. The estimated annual cost is \$44M, The POM FY 06-10 cost for this initiative totals \$217.33M.

j. Lead agency. G-4, DALO-SMT

k. Support agency. HQTRADOC

Issue 509: TRICARE Dental Benefit Enhancement

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Dental

e. Scope. Current coverage for TRICARE Retiree Dental Program (TRDP) and TRICARE Dental Program (TDP) beneficiaries result in excessive out-of-pocket expenses. Beneficiary cost share percentages are too high, and annual individual limits are reached too quickly. Despite recent dental plan improvements, soldiers and their families often have to choose between essential dental care and other necessities of life. These choices cause families to neglect needed dental care resulting in deterioration of oral health and decreased quality of life, which will eventually impact retention.

f. AFAP recommendation.

(1) Reduce member cost share to 20% for dental services not already covered at 100% in the TRICARE Dental Program (TDP) and TRICARE Retiree Dental Program (TRDP).

(2) Increase maximum annual benefit for TDP and TRDP to \$1500.

g. Required action.

(1) Consult with TRICARE Management Activity (TMA) and other services on recommendations.

(2) Investigate feasibility of offering a secondary plan option to Soldiers.

(3) Forward recommendations to TMA for consideration at next contract re-compete (TDP: 2005/TRDP: 2007).

(4) Follow up with TMA following TSG brief to GOSC mandated investigating the feasibility of offering a secondary plan option to Service Members.

h. Progress.

(1) *Assessment.* The dental benefits packages provided under the TDP and TRDP are consistent with nationwide commercial insurance plans offered by other large corporations to their employees and beneficiaries (e.g. Federal Employee Health Benefit Plan). Reasonable cost share levels for certain higher cost procedures are vital for controlling the overall premium costs to all eligible beneficiaries. If the sponsor's cost share is reduced, and/or the annual maximum benefit is increased, the cost to the insurance company increases. The insurance carrier will respond to this risk with increased premiums for all beneficiaries to cover costs. Retirees would bear the full burden of any increases in premiums as a result of these recommendations since their premiums are not offset by the government. There is no support from the other Services for the significant changes recommended in this issue.

(2) Reduction of member cost share.

(a) To determine precisely the impact on premium rates of offering a reduced dental cost share would require a thorough actuarial analysis, and the TMA is only funded to request full actuarial analyses during a contract re-competition process. However, any reduction in cost shares would be matched by an increase in premiums.

(b) The insurance carrier is responsible for the cost share that the sponsor does not pay. The government does not pay the provider the cost share for dental services.

(3) *Increase in maximum annual benefit.* In Feb 01, the maximum annual benefit for TDP (active duty) was increased from \$1,000 to \$1,200. According to United Concordia Companies, Inc., less than 3% of enrollees reach their annual maximum each year. The maximum annual benefit under TRDP increased from \$1,000 to \$1,200 under the contract that went into effect in Apr 03. The increased government cost for its share of the premiums to cover the TDP increase was estimated at approximately \$4M annually. An additional increase to the maximum annual benefit would result in even greater government costs (as well as increased premium fees for the sponsor) and would impact less than 3% of TDP beneficiaries.

(4) *"Option" plan.* TMA does not support an additional, secondary dental plan. The effect of even attempting to offer an optional supplemental coverage would be an introduction of adverse selection risk to both current

and proposed programs. The current TDP contract would be affected because the contractor could/would require higher premium adjustments because it will assume the insurance "risk" for a smaller group of premium payers. Per TMA, the small group of individuals who would opt for this plan would have to pay such significantly higher premiums that they would likely not participate. The current TDP and TRDP provide basic diagnostic and preventive services twice a year with 0% co-pays, basic restorative services for only a 20% co-pay, and other more advanced dental services (Crowns, Oral Surgery, Orthodontics) ranging from 50-40% co-pays. The current levels of co-pays are very consistent with other large third party dental plans.

(5) *TMA review.* TMA indicates changes of the magnitude proposed can only be considered during contract re-competition of the TDP or TRDP. Army has provided all AFAP recommendations to be addressed at next TDP and TRDP contract re-competitions: TDP in 2006 and TRDP in 2007. During this process, an analysis of the types of dental services typically accessed nationally is normally compared to what is presently seen under TDP and TRDP. The AFAP recommendations will be considered at this time.

(6) *Other Services.* Currently, the other Services do not support the significant changes that would be required by any of these efforts. Since the TDO and TRDP are DoD programs that cover all beneficiaries, all Services must agree to any changes. These recommendations would significantly increase premium rates and require additional funding from the Services.

(7) *GOSC review.* At the Nov 02 GOSC, the Surgeon General said he would explore the feasibility of a secondary dental plan for soldiers that would allow an option of paying increased premiums for a reduced cost share for certain procedures.

i. Estimated cost. Since the TDP contract re-compete is ongoing, a cost estimate (to the government) for reducing a member's cost share to 20% for all dental services not covered at 100% in the TDP and TRDP cannot be released at this time due to the procurement sensitivity of the information.

j. Lead agency. DASG-HS-DC, OTSG

k. Support agency. TMA

Issue 510: TRICARE for Reserve Components

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical

e. Scope. The TRICARE program is complicated in many different ways, especially for the Reserve Component (RC). Current information does not provide a clear picture of benefits and eligibility. For example, some RC family members believe they are not eligible for TRICARE until the 31st day of the soldier's activation. In fact, they are eligible from day one for TRICARE, if their orders are for more than 30 days. They are not eligible for TRICARE Prime Remote unless they reside with the soldier. The unavailability of concise information and the "resides with" requirement for activated Guard and Reserve soldiers enrolled in TRICARE Prime Remote creates an undue financial hardship for families due to lack of coverage.

f. AFAP recommendation.

(1) Remove the "resides with" requirement of TRICARE Prime Remote. (*Transferred to Issue 488*)

(2) Clarify and simplify written RC medical information (such as the DOD Reserve Health Care Benefits pamphlet) and translate these publications into other languages.

(3) Develop multilingual education video tapes that provide TRICARE information for RC.

g. Required action.

(1) Revise TRICARE Prime Remote Handbook to simplify information for Reserve members.

(2) Study feasibility of producing Army marketing products in several languages targeted at Reserve Components.

(3) Develop simplified marketing/educational materials in several languages targeted for RC members/families.

(4) Revise/simplify AMEDD TRICARE CD and translate CD into Spanish.

h. Progress

(1) *"Resides with" clause.* AFAP Issue #488 addresses the recommendation to remove the "resides with" requirement of TRICARE Prime Remote.

(2) *Validation.* Currently, limited TRICARE information is available in multiple languages. However, with the next generation of TRICARE contracts, the TRICARE Marketing/Education contractor will develop and provide/disseminate TRICARE information in several languages, including Spanish, German, and Korean.

(3) *TRICARE Prime Remote (TPR) handbook revision.* A revised TMA TPR Handbook, released in Jun 02, provides simplified information for RC members, including members of the National Guard/Army Reserves who qualify for TPR/family members who qualify for TPR for Active Duty family members.

(4) *Clarification and simplification of written RC medical information.*

(a) TMA completed translation of "Healthcare Benefits for Reserve Component Members" pamphlet into Spanish in May 02. The pamphlet provides an overview of health coverage for activated members and includes TRICARE, dental coverage, employer-sponsored health insurance options, information resources, and a deployment checklist. The revision also includes information on transitional healthcare benefits. The booklet can be ordered through the TMA SMART website at:) <http://www.tricare.osd.mil/smart/>.

(b) The new TMA Marketing and Education contractor (CACI) recently released an easy to understand, comprehensive TRICARE RC Brochure.

(c) In Jul 04, with the implementation of the new TRICARE Early Eligibility Benefit for RC members/families, TMA posted on the TRICARE web site a comprehensive, simplified Fact Sheet on the RC TRICARE benefit.

(d) Under the next generation of TRICARE contracts, the Marketing and Education contractor (CACI, Inc.) will develop TRICARE information materials in multiple languages. CACI, Inc. is translating the following into Spanish for the TRICARE West Region: Beneficiary Handbook, TRICARE Choices Book, Prime Member Handbook, Important letter from TRICARE, Waiver of Non-covered Services Form, Other Health Insurance (OHI) Form and the Allotment Letter. These materials should be ready by end of Oct 04. CACI will also translate the same materials into Spanish for the new TRICARE North and South Regions by the end of March 05.

(e) Several other web sites provide TRICARE information for activated US Army Reserve and National Guard members/families. These sites include information on the new RC TRICARE benefits. The sites are linked at web address:

<http://www.tricare.osd.mil/TRHCP.cfm>.

(f) TMA has established a worldwide TRICARE information center also, from which beneficiaries can obtain information and/or assistance. The new 24/7 toll free number is 1-800-TRICARE. Additional internet resources for TMA: QUESTIONS@tma.osd.mil and for the US Army Medical Command:

TRICARE_Help@amedd.army.mil.

(4) *Development of multilingual education video that provides TRICARE information for RC.*

(a) MEDCOM has provided over 250,000 AMEDD TRICARE CDs and the same number of AMEDD Soldier TRICARE information cards for distribution to activated RC members/families through RC command channels, mobilization sites, and in response to email/telephone requests. The TRICARE website (www.tricare.osd.mil/library) now has the TRICARE CD available as a read and downloadable file.

(b) MEDCOM researched the feasibility of translating the AMEDD TRICARE CD into other languages. The Army Medical Department Center and School (AMEDD C&S) provided cost estimates for translation of the CD into Spanish, German, and Korean. MEDCOM is now translating the CD into Spanish, at an estimated cost of \$60K, plus an additional estimated cost of \$1.09 to produce each CD is expected in third quarter FY05.

(5) *Web access.* Efforts are ongoing to ensure TRICARE marketing materials are easy to understand. Several web sites provide TRICARE information for activated US Army Reserve members, National Guard members, and their families. These sites include information on the new Reserve Component TRICARE benefits. The sites are linked at <http://www.tricare.osd.mil/reserve>. For beneficiaries with e-mail, there are two e-mail addresses to which beneficiaries can write for assistance with all TRICARE issues. One is a TMA site: QUESTIONS@tma.osd.mil.

The second is an Army MEDCOM site: TRICARE_Help@amedd.army.mil

(6) TRICARE benefits for USARC.

(a) TRICARE Coverage for Members of Selected Reserve of the Ready Reserve Who Commit to Continued Service After Release from AD: Authorizes TRICARE Standard coverage for members of the Selected Reserve and their family members who have been activated for more than 30 days since 9/11/01, in support of a contingency operation and commit to continued service in the Selected Reserves of one year or more. For every 90 days of consecutive AD service, the member and their family are eligible for one year of TRICARE Standard coverage while in an active reserve duty status. The Reservist must pay a premium of 28% of the total amount determined by the Secretary as being reasonable for TRICARE coverage with an effective date of within 180 days of enactment. TRICARE Reserve Select is to be fully implemented by 26 April 05.

(b) Earlier Eligibility Date for TRICARE Benefits for RC Members: This benefit is permanent and is now fully implemented. Upon receiving orders to AD for a period of more than 30 days, eligible RC members and their families may enroll in TRICARE up to 90 days prior to activation, or upon the date of issuance of a delayed-effective-date AD order, whichever date is later.

(c) Permanent Extension of Transitional Health Care Benefits (TAMP): This permanent program is fully implemented. Upon demobilization, eligible RC members and their families receive TAMP benefits (TRICARE Prime [if in a Prime area], TRICARE Standard or Extra) for 180 days beginning on the date the member is released from AD.

(d) TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs) for Reserve Component Beneficiaries: This benefit is permanent and fully implemented. Each TRICARE Region has one person to serve full-time as a BCAC solely for members of the RC/family members.

(e) SEC. 704. Waiver of Certain Deductible under TRICARE Program for Members on Active Duty for a period of more than 30 days: Allows the Secretary of Defense to waive TRICARE deductible for RC family members of sponsors ordered to AD for more than 30 days (Makes permanent one of the three components of the TRICARE Reserve Family Demonstration Project.) This initiative is fully implemented.

(f) SEC 705. Authority for Payment by United States of Additional Amounts Billed by Health Care Providers to Activated Reserves: Allows the Secretary of Defense to pay excess of the TRICARE maximum allowable charge incurred by RC family members of sponsors ordered to active duty for more than 30 days (Makes permanent one of the three components of the TRICARE Reserve Family Demonstration Project.) This Section is fully implemented.

(g) SEC 706. Physical Examination Requirement: Requires each member of the armed forces scheduled to be separated from AD described in section 1145 (a) (2) (Transitional Health Care) to undergo a physical examination immediately before the separation. This initiative is under review for implementation.

(7) *GOSC review.* The Nov 04 GOSC

i. Estimated cost.. MEDCOM's Marketing Office estimates the cost to develop an English and Spanish TRICARE CD at approximately \$60,000. The FY04 cost to produce 10,000 of the CDs is about \$10,900. Between 200,000 and 250,000 TRICARE CDs will be needed for FY05. A TMA estimate of costs to translate TRICARE marketing materials into several languages is not available at this time.

j. Lead agency. MCHO-CL-M, MEDCOM

k. Support agency. TRICARE Management Activity

Issue 512: Unique Relocation Expenses Outside the Continental United States (OCONUS)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. Soldiers assigned OCONUS are immediately confronted with unique expenses. Examples of such expenses include winterizing vehicles in Alaska and purchasing transformers in Europe. While the cost of these items is included in the calculation and payment of Cost of Living Allowance (COLA) over the course of the tour, the soldier's expense is up front and normally in a lump sum. This places significant financial burden on the soldier, especially our junior enlisted soldiers and their families.

f. AFAP recommendation.

(1) Authorize payment of the first six months' COLA entitlement in a lump sum upon arrival at the OCONUS duty station.

(2) Begin monthly COLA payments in the 7th month.

g. Required action.

(1) Submit legislative proposal.

(2) Monitor the initiative.

h. Progress.

(1) *Legislative attempts.*

(a) COLA Lump Sum was submitted to the FY02 ULB, but was not supported.

(b) The initiative was again submitted during the FY03 ULB and deferred until the FY04 ULB. DoD supported this initiative, and the legislative proposal was forwarded to Congress with the FY03 OMNIBUS. It was returned by OMB. A reclama was submitted.

(c) The initiative was resubmitted for the FY04 ULB (FY2005 enactment) and was supported by DoD again. The initiative made it into the ULB for FY05 and is still in OMB for review/approval prior to release to the congress.

(d) Language in FY05 NDAA, adds to Title 37, section 405, a provision to provide service members "Immediate lump-sum reimbursement for non-recurring expenses incurred by members serving outside the United States"... a COLA Lump Sum equivalent.

i. Estimated cost. No additional cost is associated with this initiative since initiative simply wants upfront payment of 6 months authorized COLA entitlements.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 513: Lack of Available Child Care for Geographically Isolated Active Duty Soldiers (Recruiters, Guard, Reserve and Cadets)

a. Status. Active

b. Entered. AFAP XVIII, Mar 02

c. Final action. No (Updated: May 05)

d. Subject area. Child Care

e. Scope. Geographically isolated active duty soldiers currently bear the full cost of child care and the financial inequities of being assigned to remote duty locations. Soldiers do not have access to the same child care fee equity as those who reside on or near a military installation.

f. AFAP recommendation. Locate and subsidize child care spaces in local community child care programs for use by geographically isolated active duty soldiers who do not have access to military child care systems on installations.

g. Required action.

(1) Establish options for geographically isolated active duty soldiers to access quality child care.

(2) Submit and obtain POM UFR funding to reduce child care fees for geographically isolated active duty Soldiers using Army-sponsored, community-based child care.

(3) Develop marketing materials and outreach services to inform and support geographically isolated families eligible for child care services.

(4) Submit and monitor as action in Army Well Being Plan.

(5) Update Army CYS Mobilization & Contingency (MAC) Plan Manual and the Installation Child & Youth Operations Plan Workbooks to address child care needs of geographically isolated families.

h. Progress.

(1) *Options to access child care.*

(a) Army/GSA Memorandum of Agreement includes 216 General Services Administration (GSA) centers to provide additional child spaces for Soldiers.

(b) DoD/USACFSC funded a Business Initiative Council (BIC) Pilot (Military Child Care in Your Neighborhood) for 2,000 geographically dispersed active duty Soldiers. This initiative reduces the Soldier's price for off-post child care. Child & Youth Outreach Specialists (USACFSC assets) have been placed in Accessions Command, ARNG, and USAR headquarters to facilitate Soldier access to quality affordable child care.

(c) Six pilot sites are established at Boys and Girls Clubs in the civilian communities that have the potential to serve military youth who do not live on the installation. Each site has committed to serve an additional 100 military children not currently served on a military installation. Funding is available for FY05 and FY06.

(2) *Funding.*

(a) Submitted POM 06-11 UFR to serve Active Component geographically dispersed families. Requirement was validated by Installation Program Evaluation Group (II PEG), but unfunded.

(b) Received DoD funding for FY05 pilot to establish 2000 community based child care spaces.

(c) Submitted FY07 Program Budget Review UFR to continue pilot and expand care to 7,000 Active Duty geographically dispersed families.

(d) Submitted POM 06-11 UFR to provide child care support for Weekend Battle Assembly and Annual Training for Guard and Reserve families. Requirement was not validated by II PEG.

(3) *Communication Strategies.* Information is available through Military One Source and print materials provided

to ARNG and USAR for distribution to Family Readiness Groups.

(4) *Army Well-Being Plan*. Issue included as #3.6.3 in Army Well-Being Plan.

(5) *Mobilization*.

(a) Army CYS Mobilization & Contingency Plan (MAC) Manual was updated to identify child care needs of geographically dispersed families. Manual was distributed to all Regions and Installations. Information was placed on the CYS website and ArmyCYSConnections.com.

(b) USAR and ARNG Child and Youth staff trained on available services Feb and March 05.

(6) *GOSC review*. The May 05 GOSC was informed that the POM 06-11 includes validated (but unfunded) requirements for 7,000 Army Sponsored Community Based Child Care spaces (includes continuation of BIC Pilot spaces). This requirement does not take into account increased spaces that may be needed with the repositioning of Soldiers and families back to CONUS.

i. Estimated cost. POM 06 -11 programmed requirements include \$2.8M Operation and Maintenance for the National Guard (OMNG) for Active Duty National Guard and \$3.5 Operation and Maintenance for the Army Reserve (OMAR) funding for Active Duty Army Reserve in FY06 and FY07.

j. Lead agency. CFSC-CYS

k. Support agency. None

Issue 515: Application Process for Citizenship/Residency for Soldiers and Families

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. Soldiers and family members encounter problems with the citizenship and residency application process. Under most circumstances, the Immigration and Naturalization Service (INS) will not accept Department of Defense (DoD) physical exams and fingerprinting. The family member application process is further complicated by language barriers and inaccessibility to INS services and facilities. Lack of effective assistance to soldiers and their families causes emotional hardship, additional costs, distraction from mission, and possible deportation of family members.

f. AFAP recommendation.

(1) Designate and train a liaison at the installation level to assist family members with the INS process, including review of documentation for accuracy and completeness.

(2) Coordinate with INS for approval of DoD administered fingerprinting and physical examinations.

g. Required action.

(1) Meet with HRC to develop overall plan.

(2) Publicize successful Army installation programs to share their proactive liaison operations.

(3) Provide CIS training at annual ACS Relocation Readiness training conferences, to include program presentation by current successful Army installation programs.

(4) Coordinate with OSD MWR Policy regarding the decentralization issue for physical examinations and fingerprinting from CIS to DoD installations.

(5) Update AR 608-1 to require the addition of CIS liaison function within the ACS Relocation Readiness Program, to include requirement for MOU with local/nearest CIS Service Center.

h. Progress.

(1) *Validation*. Immigration and Naturalization Service (INS) presently grant exceptions for service members and their families. Most of these exceptions waive or relax the strict residence and physical presence requirements normally required for Naturalization. The INS has Applicant Support Centers (ASCs) in each state for application processing and fingerprinting. Applications receive a letter through the mail notifying them of their appointment and location for their processing and fingerprinting. Travel to these locations is sometimes hundreds of miles away from military installations or home of soldiers and families. This could lead to an enormous cost to them. H.R. 1588 addressed long standing committee concerns regarding the need for better military benefits, including Immigration Benefits for Non-citizen Soldiers.

(1) *ACS training*. ACS Relocation Readiness staff members serve as primary liaison at many installations to provide information and referral assistance regarding the citizenship and residency application process.

(a) CIS training information was presented at the annual Joint Services Relocation Readiness Conference in May 04. This presentation and successful program information is posted at:

<http://207.21.209.7/dodseminar/briefdownloads.htm>

(b) HRC provided CFSC-FP with a new electronic brochure developed by the U.S. CIS as an outreach to military personnel. CFSC-FP forwarded the brochure to ACS centers worldwide for distribution to non-citizen soldiers and their family members.

(3) *Physical exam and electronic fingerprinting*. Coordination with OSD MWR-Policy and Human Resources Command (HRC) regarding decentralization was accomplished. A physical exam and electronic fingerprinting at a CIS approved site is required to obtain an adjustment of status for permanent residency allowing individuals to receive a green card. HRC is currently staffing a memo through the G-1 and the Secretary of the Army to the Secretary of Defense regarding the distance to CIS locations for physical exams and fingerprints for Army family members. The recommendation is to allow acceptance of physical exams and fingerprints accomplished at military locations. The memo additionally requests acceptance and transfer of fingerprint images of employed family members who hold CAC ID cards.

(4) *Military personnel offices*. OSD MWR Policy Office indicates military personnel offices have members trained to assist individuals with the citizenship process. ACS will continue to assist family members who come to ACS for assistance, particularly when Soldier spouses are deployed.

i. Estimated cost. No cost to the Army.

j. Lead agency. CFSC-FP

k. Support agency. None

Issue 516: Application Process for Dependency Determination

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Feb 05)

d. Subject area. Family Support

e. Scope. The application process for dependency determination, whether for adoption or for extended family members, is cumbersome and unresponsive to the needs of soldiers. Due to the multiple forms and supporting documentation required, it can be a frustrating and confusing endeavor. There is a lack of guidance on submission procedures and no visible tracking of the application process. As a result soldiers are often left in limbo, reducing their ability to devote full attention to the job of soldiering.

f. AFAP recommendation.

(1) Streamline dependency determination application process.

(2) Provide clear guidance and instructions with checklist on submission procedures via Employee Member Self Service (EMSS).

(3) Notify soldier electronically of receipt of documents and provide timely feedback on application deficiencies and final disposition.

g. Required action.

(1) Revise policy to include changes.

(2) Create front end digital input software.

(3) Create DFAS/Service tracking software.

(4) Create secure Web based software for query of status.

(5) Notify soldiers of action taken.

h. Progress.

(1) *Validation.* Soldiers are reporting problems in attempting to obtain guidance on dependency determination for parents or other family members. This determination is even more critical when a soldier is mobilized. Currently, soldiers are given a Defense Finance and Accounting System (DFAS) fax number to submit requests, with no information on point of contact (POC) for follow-up. Dependency determination submissions procedures require clarification and feedback from DFAS. There are no current provisions to verify submission or feedback from DFAS.

(2) *Action.* This issue was submitted to the Army Business Initiative Council (ABIC) in Jan 03. After staffing with MACOMS and HQDA staff, the issue was approved as an Army initiative. Because DoD manages DFAS and DEERS, DoD BIC approval is required to streamline and modify these systems. The action was forwarded to the DoD BIC in August 03.

(3) A project to streamline and standardize the pay manual guidelines regarding dependency determinations is scheduled to be finished on 31 May 05. DFAS is also trying to standardize and simplify the forms used in the process. This is scheduled to be accomplished by 31 Jul 05. DFAS notifies the members servicing finance office of any actions taken, and they notify the member.

i. Estimated cost. None given.

j. Lead agency. This is a BIC initiative and it will be assigned to the appropriate champion for implementation.

k. Support agency. None.

Issue 517: Availability of TRICARE-Authorized and Network Providers in Remote Areas

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: May 05)

d. Subject area. Medical

e. Scope. There is an inadequate number of TRICARE-authorized and network health providers in remote areas. Providers choose not to participate or leave the TRICARE program because reimbursements are lower than usual and customary rates for medical services. As a result, military families incur out-of-pocket expenses or non-availability of services.

f. AFAP recommendation. Increase TRICARE reimbursements to competitive rates as an incentive to recruit and retain medical care providers in remote areas.

g. Required action.

(1) Institute Health Provider Shortage Area (HPSA) 10% bonus payments through managed care support contractors (MCSCs).

(2) Institute new 10% incentive HPSA bonus payments to psychiatrists, and provide an additional 5% to certain primary/ specialty providers.

(3) Monitor HPSA bonus payments and TMA's implementation of TRICARE Maximum Allowable Charge (TMAC) waivers.

(4) Monitor TRICARE provider networks, ref. assessment of contractor performance.

(5) Monitor TMA's implementation of FY04 National Defense Authorization Act (NDAA), Sections 723/724 (enhanced TRICARE Standard implementation and access to TRICARE Providers.)

h. Progress.

(1) *Validation.* Since 1992, CHAMPUS payment rates have been congressionally linked to Medicare rate levels. As budget constraints have forced Medicare to decrease its rates, TRICARE has had to follow and decrease rates. This has had an adverse impact on our beneficiaries' access to care, particularly in remote areas where Active Duty (AD) Service Members and their families reside.

(2) *TRICARE Maximum Allowable Charge (TMAC) Waivers.* The FY00 National Defense Authorization Act (NDAA) and locality-based reimbursement Rules in 32 CFR 199.14, allow TMA to provide higher provider payments to ensure adequate Prime networks or if there are severe access to care issues for certain healthcare services in an area. This permits contractors to negotiate payments over 15% above the TMAC to attract providers into the network. Evaluations have shown the waivers are cost effective and improve both beneficiary continuity of care and quality of life. Waivers have been used in Juneau, AK (for non-routine GYN services); in Mountain Home, ID AFB catchment area (allergy, dermatology, thoracic surgery, gastroenterology, neurology, neurosurgery, orthopedic surgery, otolaryngology, rheumatology and services); in Cheyenne, WY (for certain newborn care services); and Ft. Leonard Wood/Springfield, MO (endocrinology, dermatology, neurosurgery, thoracic surgery, pulmonary disease, hematology/oncology, infectious disease, rheumatology, plastic surgery, gastroenterology, and physical medicine services).

(3) *Bonus payments to providers in health provider shortage areas (HPSAs).* Since July 2003, TMA provides increased payment rates through bonus payments to physicians who provide TRICARE-approved services in federally designated HPSAs. The quarterly payments include an incentive payment of 10% of the amount actually paid by TRICARE, over and above the HPSA quarterly bonus paid to them by Medicare, and over and above any waiver dollars. About \$1.14M in bonuses was

paid to TRICARE providers in HPSAs in FY04. TMA/contractors advertise the bonuses in provider news bulletins and through other provider contacts.

(4) *Medicare's 1.5% increase in Medicare physician payments.* The Centers for Medicare and Medicaid Services (CMS) issued a Final Rule for FY05 that provides this increase.

(5) *Additional bonus payments for FY05.* TRICARE will follow a new Medicare policy to allow a 10% incentive payment to psychiatrists providing services in mental health HPSAs and an additional 5% bonus that Medicare will make to primary care/specialty providers who provide services to beneficiaries in the HPSA areas with the lowest 20% of physician to beneficiary ratios.

(6) *Provider acceptance under TRICARE/Medicare.* As of 01 Sep 04, TRICARE accepts, as TRICARE authorized providers, all health care providers that accept Medicare, to help reduce some of the credentialing burdens on providers who might not otherwise become TRICARE authorized providers.

(7) *Legislative requirements.* Two sections of the FY04 NDAA directly impact this recommendation:

(a) Section 723 directed SECDEF to conduct surveys in the CONUS TRICARE market on the numbers of healthcare providers accepting new patients under TRICARE Standard. It also directed that participation of providers be maintained in all areas, by educating providers on Standard, encouraging them to accept Standard users and ensuring that users have the information needed to easily locate providers. A key feature of the legislation is the requirement to recommend adjustments in TRICARE Standard payment rates to ensure provider adequacy for TRICARE Standard users. The General Accounting Office (GAO) will provide a report to congress on sufficiency of existing statutes to cover problems with healthcare provider participation in Standard and policy-based obstacles to achieving adequate numbers of Standard providers in the market areas. GAO will also look at the need for adjustments to payment rates to help attract appropriate provider participation.

(b) Section 724 directed SECDEF to ensure each eligible household is provided key information on TRICARE benefit coverage, costs, sources of information for locating TRICARE authorized providers who agree to accept new patients in the household's locality, ways to locate authorized providers, etc. TMA must:

1. Establish methods to help each person asking for help in finding a TRICARE authorized provider;

2. Have a plan to cover information, recruitment, materials, and programs to attract healthcare provider participation to ensure healthcare access for all eligibles;

3. Periodically identify the number/locality of persons who intend to rely on TRICARE authorized providers for health care services.

(8) *GOSC review.* The May 05 GOSC was informed that TMA is surveying providers to identify reasons for lack of participation in TRICARE. TRICARE accepts as TRICARE providers all that accept Medicare. However, providers limit the percentage of TRICARE/Medicare patients because of the low reimbursement rate.

i. Estimated Cost. TMA estimates a cost of \$3.5 million annually for current HPSA bonuses. Estimates for the new HPSA bonus payments for psychiatrists/on-going TMAC waivers are not available.

j. Lead agency. DASG-TRC, OTSG.

k. Support agency. TMA.

Issue 519: Family Care Plan Provider Access to Military Installations

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. In the post 9/11 security environment, some care providers are denied installation access. Installations have unique access procedures, which are often unfamiliar to unit commanders. Family care providers without ID cards require access to installations/facilities, regardless of geographical location or branch of service, to properly carry out their responsibilities. This denied access causes breakdowns in Family Care Plan effectiveness, depriving family members of critical needs.

f. AFAP recommendation.

(1) Streamline local access procedures for caregivers.

(2) Educate unit commanders, soldiers, DoD civilians, and family members of respective area installation access process.

g. Required action.

(1) PMG-Opns notify all concerned when AR 190-13 is completed and released for fielding to the total Army.

(2) DAPM-MPD-PS create and IMA release an education message reminding commanders and installation law enforcers they can temporarily register family care provider POVs IAW 190-5, Motor Vehicle Traffic Supervision.

(3) DAPM-MPD-PS partner with G-1 and ASA (M&RA) during message creation for guidance on appropriate personal identification that will expedite family care providers onto Army property.

(4) IMA track garrison actions to ensure:

(a) the ALARACT message was received

(b) that family care providers have appropriate installation access.

h. Progress.

(1) *Access procedures.*

(a) Currently there is no controlling Headquarters Department of the Army regulatory guidance on installation physical access control. Installation commanders set policies locally. Local commanders should establish access procedures for care givers. Procedures should be established to ensure care providers seeking access are properly identified prior to allowing entry to the installation.

(b) Oct 03, the Provost Marshal General – Operations Division (formerly DAMO-ODL) published a DA message 10 Oct 03, subject : DA Installation Access Control. The message was released to standardize Access Control Point Procedures across the total Army. Also included in the message was a directive to Installation Commanders to develop and maintain a "Visitor's Control Program" which further details procedures for allowing access to installations by individuals other than those that have military identification cards. The message remains in effect until the publication of further guidance for allowing individuals access to the installation. This guidance will be outlined in AR 190-13. The expected release of the regulation for staffing to the field is 2nd Qtr FY05.

(2) *Education.*

(a) Education is the key to this issue. A plan to educate commanders will solve this issue. Raising awareness of the issue to garrison commanders at their annual conference and a monthly highlight at Army Pre-Command Course at Ft Leavenworth is an efficient method to focus commanders on this AFAP issue.

(b) To ensure Commanders at all levels, soldiers, DA Civilians and family members are knowledgeable of their responsibilities for obtaining access to facilities and services which includes access control, AR 600-20, Command Policy, addresses these responsibilities specifically in Chapter 5, paragraph 5-5 (Family Care Plans), sub-paragraphs 5-5 (a) (3) and 5-5 (j) (2).

(3) *Multi-service and multi-component access issues.* Multi-service access falls into the realm of the local commander area of responsibility to work on a case-by-case basis. Raising the level of awareness with commanders works to focus commanders to solve access problems for their personnel.

i. *Estimated cost.* Minimal.

j. *Lead agency.* ACSIM/IMA

k. *Support agency.* Provost Marshal General – Operations Division

Issue 521: In-State College Tuition

a. *Status.* Active

b. *Entered.* AFAP XIX, Nov 02

c. *Final action.* No (Updated: Mar 05)

d. *Subject area.* Family Support

e. *Scope.* Mobility of the military community, coupled with the State-specific criteria for determining the eligibility for in-state tuition often prevents military family members from continuing their higher education. The Army is committed to ensuring soldiers and family members are afforded educational opportunity equal to the general citizenry. Denying in-state tuition or the continuation of in-state tuition causes financial hardships, often preventing continuation of education. The Army supports state implementation of favorable in-state policies for tuition rates for soldiers and families. A project was initiated at the Jul 02 Army Education Summit to research present policies, identify Army's objective, and prepare an Action Plan for implementing the policy in each state.

f. AFAP recommendation.

(1) Waive out-of-state tuition for military family members who are residing in that state on military orders for the last and current duty station.

(2) Retain in-state status once established.

g. Required action.

(1) Develop/post web site with current state policy links.

(2) Obtain Army G-1 signature on correspondence first five states; distribute to addressees.

(3) Develop/coordinate/distribute packets for 13 states with favorable policies, followed by remaining states.

(4) Research OCONUS eligibility for in-state tuition.

h. Progress.

(1) *Focus.* This issue asks the states to support three levels in-state college tuition for Soldiers and family members: in the state of residency, in the state of military assignment, and continuation of in-state tuition if the Soldier is relocated on military orders.

(2) *Research.*

(a) The initiative began Feb 03, in the five states with the largest Army populations (Georgia, Kentucky, North Carolina, Texas, and Virginia) representing 55 percent of the Army. By Jun 03, Army commanders and senior leaders in all states were contacted and memorandums were presented to the Civilian Aides to the Secretary of the Army (CASA) by Assistant Secretary of the Army for Manpower and Reserve Affairs, informing them, and seeking their support for this initiative.

(b) The Deputy Under Secretary of Defense (Military Community and Family Policy) supported this initiative and sent correspondence to the other Services requesting they assist Army in this effort. Army became the appointed lead for this initiative. Responses from the other Services voiced concerns with the perception of lobbying by military commanders. To date, the Army is the only Service actively working this initiative.

(3) *Web site.* The Education Division site, <https://www.armyeducation.army.mil/InState/index.HTM>, tracks the progress of this initiative, provides state points of contacts, and answers questions: State-specific, the web site serves as a guide for senior Army leaders, state Adjutants General, and installation commanders when discussing this issue with state leaders.

(4) Outreach and Federal Legislation.

(a) The Under Secretary of Defense sent letters to all state governors asking them to support the in-state tuition initiative.

(b) A representative from Georgia submitted a legislative proposal titled Military In-State Tuition Act of 2003 (H.R. 1991). This bill would require all states to provide in-state tuition rates for service members and their families in the state of assignment and allow the benefit to continue upon the transfer out of the state by the military sponsor. There are two concerns with this bill: education is a state function and states may resist federal legislation; and states may request compensation to cover the difference between in-state and out-of-state tuition costs. This legislative proposal was not enacted. A similar proposal was introduced into the 109th Congress on 4 Jan 05 but there has been no action on this proposal.

(5) *Successes.* Presently, 44 states have favorable policies for soldiers and family members, 26 of them meeting all desired outcomes (Alabama, Alaska, Arizona, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maryland, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington, West Virginia, Wyoming). Continuity of the benefit, once started, is not always available and is a major concern for military families.

(6) State specific progress

(a) *Kentucky:* May 03, the Commanding General, US Army Recruiting Command sent a letter to the Governor expressing appreciation for Kentucky's already favorable tuition policies which meet all the objectives.

(b) *Georgia:* May 03, the Georgia Board of Regents approved the in-state tuition waiver to grant continuity of in-state tuition eligibility to family members after the military sponsor is reassigned outside the state.

(c) *Virginia:* May 03, the Virginia Military Advisory Council (VMAC) Quality of Life Panel identified

this initiative as their Number One priority issue and voted to send it forward to Governor Warner for action. In Aug 03, Governor Warner told a meeting of Services' Installation Commanders that implementing this initiative would cost the state \$9M and was not optimistic for its success. Dec 03, An article in the *Virginia Pilot* cited a proposal presented by Governor Warner to allow in-state tuition eligibility for one year for military dependents who are legal residents of other states. The plan is contingent on legislative approval of his tax package. Warner's budget proposal would provide \$2M in-state benefit during the 2004-05 school year. The issue has spurred political debate because it is tied to Warner's tax package. However, it has increased visibility and support on the political and education fronts. In Jan 04, HB 574, Tuition, In-state, applicable to certain military dependents, was introduced in the state legislative session. As of May 04, students are eligible for in-state tuition for one year from the actual reporting date shown on military orders. Continuing to receive the benefit is contingent on the payment of VA income taxes by the non-military parent who must earn a minimum of \$10,800 per year.

(d) *North Carolina*: May 03, In-state tuition policies/rates were discussed during a statewide meeting of Services' garrison commanders, education officers, and university staff. Jul 04, legislation was signed by the Governor adopting the 3 goals of the in-state tuition initiative. Servicemembers using tuition assistance will now be charged the in-state rate. Continuity of the benefit is also included

(e) *Pennsylvania*: May 03, the Department of Education committee, Pennsylvania Advisory Council for Veterans/ Military Education (PACVME), met and decided the issue will be raised to the state Higher Education Commission and legislature.

(f) *Western Interstate Commission on Higher Education*: May 03, endorsed the initiative to its 15-state membership. Each state must work the process individually.

(g) *Texas*: June 03, legislation was approved by the state legislature and signed by the Governor into law granting continuity of the in-state benefit once started.

(h) *New York*: Jul 03, Fort Drum and West Point have contacted local state representatives and presented the initiative to receptive audiences. Jan 04, State leaders are looking at amending current Department of Education policies because the initiative may require only regulator change, not legislative change, to include continuity of in-state benefit.

(i) *South Carolina*: Jul 03, The Adjutant General of the Army responded to the state Adjutant General's letter addressing his concerns that the initiative in South Carolina be suspended for now due to the state's fiscal dilemmas.

(j) *Maryland*: Aug 03, A state representative met with the Fort Detrick Installation Commander, who will propose a bill for the next session to include continuity of the in-state benefit. Jan 04, HB 172, Higher Education-Resident Tuition Charges-US Military Personnel, Spouses and Dependents, was before the legislature. It provides for the continuity of in-state tuition benefits once started. HB 172 was signed by Governor Ehrlich on 11 May 04.

(k) *New Jersey*: Aug 03, With assistance from the state Higher Education Commission, the Fort Monmouth Education Services Officer and the Staff Judge Advocate uncovered a section of law granting continuity of the in-state benefit. New Jersey meets all objectives.

(l) *Alabama*: July 03, the Fort Rucker Garrison Commander discussed this initiative with the state BRAC Committee Chairman who indicated that he would address the issue with appropriate officials. Oct 03, State Delegate Howard Sanderford provided MG Curran, CG, Fort Rucker a copy of the legislative proposal to codify the continuity of in-state benefits when the military sponsor departs Alabama. It is the practice of the University of Alabama system to grant this extension according to a system representative

(m) *Colorado*: July 03, a plan was developed by the Fort Carson Command to present this issue to appropriate state leaders. Jan 04, HB 04-1006, In-state Tuition for Military Dependents is in legislative session.

(n) *Illinois*: Jul 04, the Governor signed legislation on 15 July adopting the goals of the in-state tuition initiative. Prior to this, the institutions made their own policies on granting the benefit to military personnel and their families. This combined with the state's Truth in Tuition Act ensures continuity of the benefit.

(o) *Washington*: SB6164 amends In-state eligibility to include continuity. Mar 04, SB 6164, passed the House and Senate unanimously and was signed by the Governor on 26 Mar 04.

(p) *Kansas*: Jun 04, originally identified as a state meeting all three criteria, it was discovered that continuity is granted only when the military sponsor is transferred overseas from KS. The president of the Board of Regents and the CASA have been working with state leaders and there is legislation, House Bill 2506, to include continuity of the benefit in all cases.

(7) *GOSC Review*. At the Nov 03 GOSC meeting, the VCSA requested the proponent explore potential for personnel stationed overseas to get in-state tuition benefits in other than state of residence. To date, nine states have been polled with nine negative responses. The consensus among the states contacted is that people with no tie to the state should not be granted this benefit.

i. *Estimated cost* None provided.

j. *Lead agency*. AHRC-PDE

k. *Support agency*. None

Issue 522: Marriage and Family Counseling Services in Remote Areas

a. *Status*. Active

b. *Entered*. AFAP XIX, Nov 02

c. *Final action*. No (Updated: Mar 05)

d. *Subject area*. Medical/Command

e. *Scope*. Military families need assistance in coping with pressure associated with managing complex relationships within a military lifestyle. Licensed marriage and family counselors are not always available to soldiers and family members in remote areas. Marital/family therapy reduces conflict and facilitates medical management of the problems. Counseling services are not available unless there is identified family violence (Family Advocacy option), or medical/mental health diagnosis of a family member. Soldiers and family members are reluctant to seek services due to the stigma associated with

marital/family therapy and the possibility of harming a military or civilian career.

f. AFAP recommendation. Provide and fund licensed marriage and family counseling services in remote areas.

g. Required action.

(1) Provide cost estimate for TRICARE coverage of marriage and family services.

(2) Assess feasibility of providing remote M&F services.

(3) Monitor status of Military One Source (MOS)/Army One Source (AOS), Army employee assistance programs, ref. inclusion of M&F services (Total Force, CONUS, remote areas, AK, HI, and US Territories).

(4) Monitor status of impact of DA Deployment Cycle Support, Deployment Related Stress/Post Traumatic Stress Disorder (PTSD) Working Group's actions/recommendations on the Army requirement for M&F therapists.

h. Progress.

(1) *Coverage under TRICARE.*

(a) Marriage and family counseling/therapy services (in the absence of a mental health diagnosis) is not a TRICARE benefit. The TRICARE policy Manual (15 March 2002) states, "Family therapy can be cost shared when rendered in conjunction with otherwise covered treatment of a beneficiary suffering a diagnosed mental disorder." When a TRICARE beneficiary chooses to receive family therapy (in conjunction with other covered treatment under a diagnosed mental disorder but separate from the Family Advocacy Program), the beneficiary may have a deductible and a cost share according to the category of TRICARE the beneficiary holds.

(b) In 2000, the TMA considered TRICARE coverage for counseling/therapy services for conditions currently excluded from coverage because they are not diagnosable as a mental illness. The added coverage would apply to marital and family counseling and occupational and sexual dysfunction counseling/therapy.

(c) TMA's estimated costs for the expanded benefits ranged from \$5.3M-\$10.6M year for estimates based on review of civilian literature, \$10M-\$20M by basing estimates on the civilian employee assistance program (EAP) experience and \$8M based on the military medical treatment facility (MTF) experience. TMA considered the \$8M cost based on the MTF experience as the more relevant cost estimate for DOD.

(3) *EPICON study.* The Army Surgeon General (TSG) directed that an Epidemiological Consultation (EPICON) study be conducted in 2002 in the wake of several violence/spouse abuse incidents at Fort Bragg. The EPICON Study report alluded to Army's fragmented approach to the provision of social/related services to support active duty soldiers and their families.

(4) *Army One Source.*

(a) The Army One Source (AOS), initiated in Aug 03, is a component of the CSA directed Deployment Cycle Support (DCS) CONPLAN for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). The CONPLAN is a multi-agency response to mitigate post deployment difficulties and covers the entire spectrum of the deployment cycle (pre-deployment, deployment, re-deployment, and post deployment-near term and post deployment-long term).

(b) AOS provides information for the Total Force to address every day concerns and deployment/re-integration issues. It supplements existing family programs by providing a 24 hour, seven days a week toll-free information and referral telephone line and internet/Web based service available to Active Duty Soldiers, Army National Guard and Army Reserve Soldiers, deployed civilians and their families worldwide. Masters level consultants answer the toll free telephone number. Callers may remain anonymous and the limits of confidentiality are given to each caller. AOS includes a vast array of information and referral services, including M&F counseling. Six 6 counseling sessions per issue are provided at no cost to the Soldier/family member. For face-to-face counseling, AOS provides referrals to professional civilian counselors in CONUS, Alaska, Hawaii, Puerto Rico and Guam, including remote areas. Face-to-face counseling in OCONUS (Germany) is provided via existing M&FT contract services established under the recently closed AFAP Issue on OCONUS M&F Counseling Services. The AOS contract has available a network of providers that includes licensed clinical social workers, psychologists, and marital and family counselors. An appointment is scheduled within 48 hours after an individual contacts a network provider. Network providers are required to offer services within a 30-mile radius of individuals. In remote areas, the network provider is required to travel to provide in-home counseling to meet this requirement.

(c) AOS will transition to Military One Source (MOS) and will be funded by OSD, the Office of Family Policy, in Aug 05. At that time, OSD, Office of Family Policy will become the Contracting Officer's Representative (COR) for the MOS contract. However, each of the Services will have a Contracting Officer's Technical Representative (COTR) on the MOS contract.

(d) CFSC is conducting installation team visits to provide technical assistance in implementing AOS. MEDCOM had detailed an individual to CFSC to assist with team visits and assist with AOS advertising, marketing and program evaluation activities. This person recently retired.

(e) The AOS COR is working with the contractor to develop a system for tracking provider data on the types of counseling received. However, based upon review of charts, it was determined that the largest type of referrals for counseling through AOS is for marriage and family counseling.

(f) The Army G-3 approved funding for AOS on 08 May 03 for 12 month contract with an option to continue services subject to availability of funds. AOS began on 15 Aug 03. CFSC managed the AOS contract worldwide. The G-3 approved funding for the option to continue contract services through Aug 05. The OSD will fund AOS when the present contract expires in Aug 05 through FY08.

(g) In FY04, 4,473 individuals were authorized AOS counseling sessions; and 2,929 individuals took advantage of the counseling opportunity. Utilization numbers are based on claims processed by providers. Utilization numbers will increase for previous months as providers continue to submit their claims for reimbursement.

(6) *Department of Veterans Affairs initiative.* A new Department of Veterans Affairs (DVA) readjustment

counseling program is now available to military eligibles and their family members in 54 states/territories at 206 DVA centers.

(7) *GOSC review.* The Nov 04 GOSC received an update of how Military One Source will be the primary approach to providing counseling services in remote areas.

i. Estimated cost. The cost for Army One Source (AOS) (now Military One Source (MOS)), which provides a wide array of services across the spectrum of the military beneficiary population, is \$13.6M annually for Army-wide services. Of this amount, approximately \$9M is invested in providing counseling services.

j. Lead agency. MCHO-CL-H

k. Support agency. OTSG, ACSIM, G-3

Issue 523: Medical Coverage for Activated Reserve Component Families

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical

e. Scope. Many activated Reserve Component soldiers are unable to maintain their existing civilian healthcare as a result of the Uniformed Service Employment Reemployment Act (USERA) provision allowing employers to charge soldiers up to 102% of the pre-deployment premium. Medical coverage becomes cost prohibitive and transferring to TRICARE frequently causes interruption of specialized medical care. The choice between added expense and interruption in care causes undue hardship for the family and soldier.

f. AFAP recommendation.

(1) Establish a civilian healthcare allowance for activated Reserve Component soldiers to offset increased premiums to their existing civilian medical coverage.

(2) Mandate civilian health insurance providers to reinstate pre-activation medical benefits if the soldier elects the TRICARE option.

g. Required action.

(1) Submit legislation for ULB FY05.

(2) NDAA FY05 directed GAO study. Need results of study to determine action to pursue.

(3) Seek all services concurrence on Pre-activation of medical benefits if TRICARE is elected.

h. Progress.

(1) *TRICARE.* RC members called to active duty for more than 30 days are eligible for TRICARE. Families of Activated members of the RC become eligible for TRICARE Extra and TRICARE Standard on the first day of the sponsor's active duty order if orders are for more than 30 consecutive days or are for an indefinite period. Eligible family members may enroll in TRICARE Prime if the sponsor is called to active duty or full-time National Guard duty for 179 days or more.

(2) *Uniformed Services Employment Reemployment Act (USERA).* USERA requires employers to offer RC members the option to continue their employer-sponsored healthcare plan for up to 18 months while on active duty. The Employer may charge the RC member up to 102% of the premium cost if the member is on active duty for more than 30 days.

(3) *Legislation.* A RC health care initiative was considered in the FY03 ULB cycle to pay civilian insurance or provide vouchers for civilian insurance during periods

of mobilization. The proposal was deferred to FY04, but it was not resubmitted because of ongoing congressionally mandated studies.

(4) *RC study.* The 2002 NDAA required GAO to conduct a study concerning whether or not members of the Selected Reserve of the Ready Reserve of the Armed Forces are covered under health benefits plans. In the final report, published in Sep 02, GAO concluded there is no significant disruption in healthcare for RC component family members because the member continued his/her civilian healthcare insurance when mobilized. However, at the time of this survey, RC mobilizations were for less than 6 months. Recent changes have extended this period for up to 2 years. This may be cost prohibitive for the RC member in the future with extended mobilizations of up to two years.

(5) *Legislation.*

(a) OSD Health Affairs sponsored a FY05A ULB initiative that was deferred until the FY06 ULB.

(b) In lieu of the proposal submitted during the FY05 ULB cycle, the Air Force proposed a medication that would make permanent the temporary healthcare provision enacted in the supplemental appropriations bill and the FY04 NDAA, to allow TRICARE benefits on a non-contributory arrangement for members of the Selected Reserve who participate for more than 38 days a year. Senior DoD leadership is already engaged with Congress on the temporary healthcare provisions, and the Air Force proposal was not included as a ULB item.

(c) The House Defense authorization bill for FY05 included a provision that would require GAO to conduct a study of providing RC a stipend if they elect to retain other healthcare for their families when the member is called to active duty for more than 30 days rather than participate in TRICARE.

(d) The Senate Defense authorization bill for FY05 includes a provision that would require the Department to pay the health insurance premium for RC who elect to retain other healthcare for their families when the member is called to active duty for more than 30 days in support of a contingency operation.

i. Estimated cost. Options being considered are more numerous than the initial AFAP recommendations. Using a cost of \$500 per month the cost for a year for each Soldier would be \$6K. If 113K Soldiers were activated from the reserve component and provided the \$6K for one year it would cost \$678M.

j. Lead agency. DAPE-PRC

k. Support agency. OSD

Issue 524: Military Spouse Unemployment Compensation

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Employment

e. Scope. Military spouses are not entitled to receive unemployment compensation in all states when accompanying service members on a permanent change of station (PCS) move. Many states consider leaving a job due to military sponsor relocation as a voluntary departure, not involuntary; therefore, spouses do not qualify for unemployment compensation. The loss of income creates a fi-

nancial hardship on the family until the spouse is re-employed.

f. AFAP recommendation. Enact legislation directing all 50 states, the District of Columbia and the US Territories to establish relocation during PCS moves as an involuntary separation, thereby granting unemployment compensation to all qualified recipients.

g. Required action.

(1) Contact DoD to gain their support for a letter writing campaign to request non-supportive states to consider changing their laws to better assist military spouses and their families.

(2) Send draft letter to DoD for approval.

(3) Send letters to the state governors and Congressional members of those state that deny benefits all together or only allow compensation in some circumstances.

(4) Recent draft letter to DOD and OTJAG office.

(5) OTJAG provided a response back.

(6) Currently working to revise letter.

(7) Explore the possibility of elevating to DOD leadership for presentation to the state of Governors.

h. Progress.

(1) **Definition.** Unemployment Compensation (UC) Program is based upon federal law, but administered by state employees under state law. It is almost totally funded by employer taxes, either federal or state - only 3 states collect taxes from employees. Since each states designs its own UC program within the framework of federal requirements, inconsistencies exist in eligibility determinations based upon the specific benefit structure.

(2) **History.** On November 19, 1997, Headquarters, United States Air Force submitted a request to Office of the Secretary of Defense (OSD), Civilian Personnel Management Service (CPMS) to sponsor legislation to ensure accurate and consistent application of unemployment benefits for spouses of DoD military members and civilian employees. On 22 Dec 77, the Director of CPMS issued a memorandum stating that spouses accompanying and returning with their sponsors from an overseas assignment are generally eligible for unemployment benefits. On the other hand, spouses of military members and civilian employees who relocate to follow their spouses within the U.S. are considered to have quit voluntarily because they could remain in the state.

(3) Some states are already allowing this and four do it under limited circumstances. While it is understood that "each state" has its own laws, this would be a letter writing campaign to ask states that currently deny unemployment compensation to support military families by reconsidering their unemployment legislation.

(4) Each state Unemployment Office has been contacted to verify their current state law. A memo soliciting the support of state representatives has been drafted and forwarded to DoD and the Army Legal Office for approval.

i. Estimated cost. It would be based upon individual states and spouses' claims because employed spouses may work jobs that range in salaries anywhere between minimum wage and executive pay.

j. Lead agency. DAPE-CP-PPD

k. Support agency. DoD.

Issue 525: Montgomery GI Bill (MGIB) Expiration Date

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. The MGIB entitlement terminates ten years after Expiration Term of Service (ETS) or retirement. During transition, some veterans incur family and work obligations that hinder full use of their investment. Elimination of the time restriction would allow those veterans to benefit from this entitlement.

f. AFAP recommendation. Eliminate the expiration date for MGIB educational benefits.

g. Required action.

(1) Seek OSD and VA official positions.

(2) Submit and monitor legislation.

h. Progress.

(1) **Validation.** Title 38, Chapter 30, Section 3031 places a time limitation for eligibility and entitlement to MGIB education assistance. Entitlement expires at the end of the 10-year period beginning on the date of an individual's last discharge or release from active duty. Changes to Title 38 must go through the Veterans Affairs and legislative process.

(2) **Action.**

(a) **MGB Working Group Conference.** At the MGIB Working Group Conference in Feb 03, the Army representative briefed this initiative. The other Service representatives present supported eliminating the MGIB expiration. However, the official VA cost assessment was not available during the conference.

(b) **VA cost estimate and staffing.** The VA has provided an official cost estimate of between \$2.1B and \$4.7B to cover the additional expense projected through the first ten years, with the low end of the estimate for non-grandfathered participants and the high end to account for those grandfathered. These estimates are being staffed with the other Services' MGIB POCs.

(c) **Alternatives.** Extend the delimiting date to 20 yrs vice current 10 yrs; a buy-in after 10yrs; and reduced benefit after 10 yrs. These options will still be dependent on VA, OSD, and other Services' support.

(3) **MGIB as short term readjustment benefit.** The VA believes the MGIB program was designed to be an adjustment benefit for the short term, not a lifelong learning benefit. As a readjustment benefit, MGIB provides an instrument to assist veterans in adjusting to civilian life, giving a tool to assist them in improving earnings capabilities and achieving educational goals. The VA feels 10 years is sufficient time to utilize this readjustment benefit.

i. Estimated cost. VA estimates cost to be \$2.1B - \$4.7B.

j. Lead agency. DAPE-MPA-RR

k. Support agency. TAPC-EICB

Issue 526: OCONUS Shipment of Second Privately Owned Vehicle (POV) for Accompanied Tours

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Feb 05)

d. Subject area. Relocation

e. Scope. The Army does not pay for the shipment of a second POV to OCONUS locations. Increased security

requirements, logistical demands of the family, and spousal employment/volunteerism are critical factors faced by military families. A second POV would improve family involvement in force protection measures (private vs. public transportation), reduce financial hardship, and enhance morale.

f. AFAP recommendation. Fund the shipment of a second POV for OCONUS tours.

g. Required action.

(1) Obtain number of accompanied OCONUS personnel from ODCS, G-1.

(2) Solicit Service concurrence through ODCS, G-1.

(3) Resubmit ULB.

(4) Request Services to re-look issue.

(5) Cost impact from other Services for ULB.

h. Progress.

(1) *Validation.* The shipment of one POV to and from OCONUS on PCS orders is established by law and requires Service concurrence for a change to the law.

(2) *Legislative attempts.*

(a) The shipment of a second POV OCONUS for accompanied tours was an unsuccessful FY02 Unified Legislation and Budgeting (ULB) item based on the Overseas Assignment Incentives Study.

(b) An FY05 ULB proposal submitted by the Navy was deferred and the Navy did not submit a FY06 ULB.

(c) The Army will submit this issue as a FY07 ULB proposal.

(d) Army will submit this issue as a FY08 ULB proposal during the legislative cycle in the fall. Status of ULB: Cost impact from other Services.

(e) Three of the four Service's top enlisted leaders, to include the SMA, briefed the House Appropriations Committee's new Military Quality of Life Subcommittee. This subcommittee focuses exclusively on quality of life issues. The top enlisted leaders cited shipment of a second POV, as one of the top quality of life issues.

(3) The Army transports 51% of the POVs OCONUS.

i. Estimated cost. Several Services advised that even though they concur with the proposal, it has an extremely high price tag. The cost of this proposal at DOD level will range from \$70M to \$150M based on projected shipment rates.

j. Lead agency. DALO-FPT

k. Support agency. G-1

Issue 527: Army Reserve Component Mobilization Preparation and Support

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Feb 05 ARNG; Mar 05 USAR)

d. Subject area. Medical

e. Scope. Immediately upon being notified of mobilization, reserve soldiers and their families can experience high levels of stress. The impact of leaving your family, employment, and personal lifestyle often creates the need for financial and psychological services. Financial assistance, chaplain support, social work service, family readiness and psychological counseling are needed to prepare for a successful mobilization. The well being of the soldiers and families has a direct impact on their performance.

f. AFAP recommendation. Create a mobilization preparation program for RC soldiers and families to provide assistance in the transition from reserve status to mobilization.

g. Required action.

(1) Determine if there is a need for additional programs other than what is in place or if existing program can be modified.

(2) Add approximately 63 additional staff to work in the field in areas with the highest population of mobilized Soldiers.

h. Progress.

(1) *Social service support.* Social services are provided by local community, county, state, and federal social services agencies. The family can also utilize Army Community Services on installations in the event they are within commuting distance. Family readiness program is in place and functioning with staff representation at each Regional Support Command and Direct Reporting Commands. Each individual Reserve unit is required to have a Family Readiness Group in place and operational in accordance with AR 600-20, FORSCOM Reg 500-3-3, and USARC Reg 608-1. Mobilization briefings are being conducted for each unit mobilized.

(2) *Deployment information.* In Apr 02, a Soldier and Family Guide for Deployment Preparation was published and distributed USARC-wide providing information on what needed to be briefed and who to invite to briefings. It is broken into sections for the RRC Family Program Director/Coordinator, the Unit Commander, the Family Readiness Liaison, the Family Readiness Group (FRG) Leader, the Soldier, the Family and lists resources available and recommended handouts and videos.

(3) *Survey.* A written survey was conducted by the USAR through each Regional Readiness Command (RRC) Family Program Director, Division Family Program Coordinator and IRR/IMA Family Program Specialist to determine if existing programs are meeting the needs or if adjustments or additional programs are required. Survey results indicate that adjustments are needed. Although approximately one-third participate in Family Readiness Groups (FRG), approximately two-thirds attend mobilization briefings. Outreach and information needs to be provided at higher levels. The plan to accomplish this goal is to augment the program using Rear Detachment Commanders (RDC) and procure additional staff throughout FY05 and FY06.

(4) *Rear detachment.* The Army Reserve has implemented the appointment of a Rear Detachment Commander (RDC) to those units who are deployed to assist with family issues, concerns and questions. Training has been provided to two groups of RDCs (each training session consisted of approximately 100 attendees). Future training sessions are scheduled for FY04. The RDCs assist in the deployment, sustainment and reunion phases of mobilization. Reporting requirements are in place for tracking purposes.

(5) *Reunion.* A pilot Post-Deployment Workshop was held in the 3rd Qtr FY03 to assist in the understanding of reunion and homecoming, the processes involved, and benefits and entitlements through the transition phase. Additional workshops in the form of Deployment Cycle Support will be implemented in FY04 based on the initial

pilot project. Deployment Cycle Support Training is scheduled at 23 locations Army Reserve wide.

(6) *Training.* The training priorities for Regional Readiness Command (RRC) level Family Programs for FY04 have shifted to Deployment Cycle Support, Chain of Command training, Operation READY (Resources for Educating About Deployment and You) training and Family Program Academies. USAR will continue to provide training to Family Program Staff, RDCs and volunteers.

(7) *Marketing.*

(a) Marketing of Army Family Team Building (AFTB), Army Family Action Plan (AFAP), and Operation READY materials and websites is being done with the additional contract staff at the RRC levels through education and training.

(b) CDs were sent to the homes of every Army Reserve Soldier in Nov 03 with a letter and video message from the Chief, Army Reserve, a Guide to Army Reserve Benefits, and USAR History Timelines. The CD also included a Multimedia Center that included the following: a 6-minute video about Today's Army Reserve; a selection of AR television commercials; wallpaper images; a section "Just for Kids," and a game for teens and above ("America's Army").

(8) *Army National Guard Family and Soldier Support.*

(a) The Army National Guard has operated 425+ FAC's since the 1st Quarter of FY05. The FACs serve as the primary entry point for all services and assistance that any military family member, regardless of service or component, may need during the deployment process. The primary service provided by the FACs is information, referral, outreach, and follow-up.

(b) In the 2nd QTR FY04, the ANG stood up a Pay Ombudsman Program which provides a toll-free phone number, 1-877-ARNGPAY, and an e-mail address to Soldiers and their family members to quickly resolve pay issues. FACs developed and distributed "The Soldier's Guide to Military Pay" as part of this initiative. In the 3rd Qtr of FY04, a Distance Learning Course on the same subject was developed and offered Nationwide to our Soldiers and their families.

(c) In the 2nd QTR FY04, the Family Program Office surveyed the State Family Program Directors to determine shortages in deployment training materials. A bulk purchase of training and reference material was ordered (\$675K). The Family Program Office conducts training on a national level for State and Wing Family Program Coordinators twice a year to review and share new initiatives and best practices on delivering service to Soldiers and family members.

(d) The Family Program Office has reestablished its public websites, www.guardfamily.org and www.guardfamilyyouth.org, which provide locations and telephone numbers for State and Wing Family Program Offices and Family Assistance Centers. The site also has web polling capability, links to many DoD and Army sites, and e-mail feedback capability. The National Guard Regulation 600-12 (Family Program) is under revision and should be completed in Nov 04.

(e) In the 4th Qtr FY04, ten new GFTB courses were unveiled at the National Guard Family Program Workshop and Youth Symposium. The topics were Conflict Management and Resolution, Deployment and Re-

union, Effective Leadership Skills, Family Finances, Family Readiness Groups, Impact of the Mission on Family Life, Introduction to Guard Family Action Plan, Introduction to the National Guard, Resources Around You and Stress Management and Well Being.

(f) In First Quarter FY05 NGB contracted for FRG Assistants to support all 54 states and territories with funding provided by CFSC GWOT resources. These FRG Assistants have had a tremendous impact on training, managing and recruiting FRG Leaders and Volunteers.

(9) *Regional Multi-Component Family Network initiative.* Groundwork is in place for a Regional Multi-Component Family Network—for both USAR and ANG families—to provide a ten-step program for personal contact throughout a Soldier's career. Two contacts are planned during the Soldier's Basic and Advance training and two contacts at the first unit of assignment. When notified of deployment, the family is contacted twice during pre-deployment, twice during deployment, once during the reunion phase, and once post-deployment. Feedback will be solicited at regular intervals through surveys. This initiative was done at the direction of the Vice Chief of Staff of the Army and is contingent upon funding.

(10) *Staffing estimates.* The USAR estimates needing an additional 30 staff members to work in the field in areas with the highest population of mobilized Soldiers. A contract should be awarded in Sep 04 hiring 50 Mobilization Deployment Assistants (DSA). USAR's goal is to have 100 percent hired by end of the 1st qtr FY05. The ANG estimates needing an additional 54 FRG staff to work in the states with the highest population of mobilized Soldiers.

(11) *GOSC review.* The Nov 03 GOSC directed a change in the title of the issue and asked the Army to look both from the Guard and Reserve perspectives at what we can do for all Army Reserve Component families in a period of extended and prolonged mobilization.

i. Estimated cost.

(1) *ARNG.* Funding totaling \$3.9M are in place for FY05 for FRG.

(2) *USAR.* Contracts totaling \$3.2M are in place for FY04 for 39 Coordinator and Specialist positions at the Division and Regional Readiness Command levels. In the 2nd Qtr FY04, \$1.8M was received from DA and FORSCOM to hire approximately 30 additional Mobilization Deployment Assistants for 15-18 months to work with units of mobilized Soldiers. DA has a FY05-11 UFR requested for an additional 34 positions for IMA and Reserve regions totaling \$72M.

j. Lead agency. ARNG G-1; USARC – Family Programs

k. Support agency. CFSC-FP, NGB-ARM

Issue 529: Retirement Service Officer (RSO) Positions at Regional Support Commands

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Feb 05)

d. Subject area. Entitlements

e. Scope. The United States Army Reserve does not have regional Retirement Service Officers to assist individual soldiers and families. Two Army Reserve Personnel Command (AR PERSCOM) representatives provide retirement counseling services as an additional duty. Sol-

diers may not receive crucial retirement counseling which adversely affects their ability to make timely and accurate decisions regarding their entitlements and benefits.

f. AFAP recommendation. Authorize and fund a Retirement Service Officer at each Regional Support Command.

g. Required action.

(1) Prepare proposal for Human Resources Command 10 RSO positions [positions adjusted to 8 in 14 Apr 04 update].

(2) Determine if position should be permanent civilian or contract employee and grade level of the positions.

(3) Establish funding requirements (Unfunded Resource Requirements) for the initial year and plan for POM in the Out years.

(4) Present decision brief to Commander of HRC regarding 3 courses of action to establish RSO positions.

h. Progress.

(1) Validation.

(a) Currently, USAR Soldiers have no established point of contact to find out about and discuss retirement counseling and retirement options. RSO offices on many of the Active Duty installations provide regional retirement support but cater primarily to Active Duty soldiers/retirees. Those offices are not staffed to handle the workload of USAR retirement issues and lack the detailed knowledge of the USAR retirement system and Gray Area retirees.

(b) USAR Soldiers receive counseling through indirect sources when they complete 20 qualifying years of service and when they reach age 60 and draw retired pay. Letters and forms are sent. A wealth of material pertinent to retirement on the web at <https://www.hrc.army.mil/site/reserve/soldierservices/retirement/>, and the chain of command, management officers and retirement processing personnel as well as active duty counselors are available to assist USAR Soldiers with any questions.

(2) Positions.

(a) On 20 Feb 03, USARC requested a copy of the existing position description from the DA Retirement Services Office.

(b) Due to the recent merger of AR-PERSCOM (now HRC-STL) with PERSCOM (now HRC-A) to form the Army Human Resources Command, an on-going Business Process Re-engineering (BPR) is working to determine the best method of delivering services, to include Retirement Services counseling, to all members of the Army. A proposal to the G-1 from this BPR is to look at the possibility of establishing a military equivalent of the Army Benefits Center.

(c) USAR has developed a plan to create a RSO branch at HRC-St. Louis to provide support to RRCs. The plan includes on RSO position supporting each RRC, AR-MEDCOM, and other Army Reserve agencies not aligned under a RRC. There will also be a Program Manager position created to provide management and oversight for the RSOs. This plan was briefed on 18 Mar 04 to LTG Helmly (Chief, Army Reserve), who strongly supports this initiative.

(4) A request to add these 8 positions to the FY06 TDA. This request will be submitted to HRC-Alexandria

for approval. However, in view of forecasted reductions in TDA authorizations (30%), approval may not occur.

i. Estimated cost. The annual cost for these RSO positions is \$890,000, based on the following estimates: \$590,000 pay; \$100,000 TDY; \$200,000 postage. In addition, a start up cost of \$25,000 is required to cover computers, desks, etc. Annual postage costs could be reduced with web-based support.

k Lead agency. AHRC-PAP

l. Support agency. None

3d Qtr 03

Issue 531: Spouse Professional Weight Allowance

a. Status. Active^{4th} Qtr 03

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Nov 04)

d. Subject area. Relocation

e. Scope. Spouses are not authorized their own professional weight allowance. The Army supports spouse employment as evidenced by DA-sponsored employment (i.e. Family Child Care Providers) and volunteer programs (i.e. Army Family Team Building). Counting "professional" items of spouses in the household goods weight allowance causes household goods to be overweight and creates financial hardship.

f. AFAP recommendation.

(1) Authorize 500 pounds of professional weight for all spouses.

(2) Change the Joint Federal Travel Regulation (JFTR) definition of professional items to include those required for employment and volunteering.

g. Required action.

(1) Define "professional items" for spouses.

(2) Solicit concurrence from Services

h. Progress.

(1) *Background information.* By law, the JFTR authorizes the shipment and/or storage of professional, books, papers, and equipment (PBP&E). PBP&E are articles of HHG in a soldier's profession needed for the performance official duties at the next or a later destination. The weight of PBP&E does not count against the authorized weight allowance.

(2) *Coordination.* The other Services nonconcurred with this recommendation. (Agreement by all of the Services is required in order to change the law). The other Services cited the increased cost to Military Personnel Accounts that would be incurred if this recommendation were adopted and argued that, by law, the entitlement for the transportation of household goods, which includes PBP&E, is to the member.

(3) *Related AFAP Issue finding.* AFAP Issue #457 Modification of Weight Allowance Table was not supported by the other Services. The Army sponsored the OSD proposal of an 8 percent increases across all pay grades in FY06 ULB cycle. The proposal was rejected because it was not justified with supporting data.

(4) *GOSC review.* At the Nov 04 GOSC meeting, the VCSA did not accept the recommendation to close this issue as unattainable. A representative from the National Military Family Association requested this issue remain active because the Military Coalition has included this initiative on their list of 2005 goals as a way to support spouse employment and volunteerism.

i. Estimated cost. \$30M to the Army.

j. Lead agency. DALO-FPT

k. Support agency. None.

Issue 532: Standardized Army-wide Pregnancy Program for Soldiers

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Mar 05)

d. Subject area. Medical

e. Scope. A limited number of installations offer educational and physical fitness training programs for pregnant and postpartum soldiers, and participation is not mandatory. Approximately nine percent of female soldiers are pregnant at any one time. These soldiers are not receiving necessary education and physical training. The unavailability and lack of participation in these programs results in unsatisfactory Army Physical Fitness Test (APFT) scores and weight standards, impacting readiness and the well being of the service member.

f. AFAP recommendation. Develop and implement a standardized, mandatory, Army-wide physical training program that encompasses both the period of pregnancy and postpartum period with command emphasis on: educational information and physical fitness training and an effective return to individual readiness, physical fitness and weight standards.

g. Required action.

(1) Develop and implement a standardized, mandatory, Army-wide pregnancy/postpartum program that addresses readiness and a return to physical fitness and weight standards.

(2) Expand the health education portion of the USACHPPM-developed program to include listing core classes and providing curriculum information and sample presentations necessary to provide adequate knowledge to soldiers on material, financial, and training opportunities.

h. Progress.

(1) **Validation.** Pregnancy impacts the Army's readiness level by its sheer numbers and medical costs. Among active duty female soldiers in 2002, 8.2% became pregnant and delivered babies according to reports from the Standard Inpatient Data Record and Health Care Service Record Institutional (M2 Data Source, Jun 03). In 2000 and 2001, pregnancy-related conditions accounted for more hospitalizations among all AD soldiers (23 and 24% respectively) than any other diagnostic category (Military Medical Surveillance Record, Apr 01 and Apr 02). A three-year Army study conducted by the US Army Research Institute of Environmental Medicine and the US Army Medical Research Material Command, provided sufficient evidence that, without appropriate intervention, postpartum soldiers returning to unit PT after nine months of pregnancy and six months of postpartum had significant increases in injuries and illness rates as well as reduced fitness levels and increased body fat.

(2) **Program development.**

(a) A standardized pregnancy/postpartum physical training program was developed and tested by the U.S. Army Center for Health Promotion and Preventive Medicine for use as a mandatory, Army-wide program. USACHPPM-developed certification program content, in the form of videos, certification manuals, a local program implementation guide, and clinical profiling procedural changes received endorsement from OB/GYN Medical

and Nurse Corps Consultants to the Office of the Surgeon General (OTSG) and content safety approval from the US Army Physical Fitness School.

(b) USACHPPM continues to test the program at 5 CONUS locations and 3 sites in Germany. Initial results indicate a statistically significant improvement in APFT measures between convalescent leave and the 6-month APFT. USACHPPM has sent 20 core health education PowerPoint presentations for endorsement from the Medical and Nursing Consultants to the OTSG.

(c) Active coordination between USACHPPM, Propensity Office for Preventive Medicine (POPM), and G-1 has continued with staffing briefs resulting in endorsement from the Deputy Surgeon General and FORSCOM G-1. Decision briefings are expected with TSG and G-1 for 3rd Qtr FY04.

i. Estimated cost.. \$229,904 annually, with \$42,500 train-up travel costs in the first year.

j. Lead agency. DAPE-HR

k. Support agency. MCHB-TS-H.

Issue 535: TRICARE Pre/Postnatal Benefits Information

a. Status. Active

b. Entered. AFAP XIX, Nov 02

c. Final action. No (Updated: Sept 04)

d. Subject area. Medical

e. Scope. There is no source currently available to patients and providers that gives clear and concise information regarding specific pre/postnatal benefits covered by TRICARE. Consequently, it is difficult to understand whether a particular pre/postnatal test or procedure is covered under TRICARE. Beneficiaries incur excessive out-of-pocket expenses when they agree to have non-covered procedures performed.

f. AFAP recommendation.

(1) Create a concise and understandable brochure that explains the prenatal, delivery, and postpartum tests and procedures routinely covered by TRICARE.

(2) Widely disseminate this brochure to patients and providers to include posting on TRICARE website and placement in military healthcare facilities.

g. Required action.

(1) Analyze current information, develop plan of action and obtain cost estimates.

(2) Conduct focus group testing of obstetrics marketing information.

(3) Consult with ASD(HA) obstetrics workgroup to develop tri-service product.

(4) Develop, test, produce and deploy information pamphlet and post brochure to the web/internet.

(5) Monitor implementation of new DOD Family-Centered Care Initiative (FCCI).

h. Progress.

(1) **Validation.** The TRICARE Handbook and TRICARE Web Site (www.tricare.osd.mil) provide a variety of generic information regarding TRICARE coverage of maternity care. Yet there is no source currently available that provides clear and concise information on what tests and procedures are routinely covered by TRICARE.

(2) **Product development.**

(a) The TRICARE Management Activity (TMA) Marketing Division conducted focus group testing of ob-

stetrics marketing information in late Jan 03. While data from those groups was used to develop much-needed marketing materials for obstetrical services, a concise and understandable brochure that explains the prenatal, delivery and postpartum tests and procedures covered by TRICARE is not completed.

(b) OTSG proposed to the Assistant Secretary of Defense (Health Affairs) (ASD(HA)) Obstetrics Work Group the requirement to create a specific set of concise and user-friendly information products explaining prenatal and maternity benefits routinely covered by TRICARE.

(c) In 1st QTR FY04, \$150,000 was budgeted for training throughout the Army Medical Department (AMEDD) to ensure the wide promulgation of FCCI concepts. These measure will increase AMEDD staff knowledge and understanding of the TRICARE maternity benefit and facilitate the sharing of accurate information with beneficiaries. Information about FCCI is available at: <http://www.tricare.osd.mil/familycare/default.cfm>

(3) In Aug 03, TMA announced the initiation of a family centered care initiative that offers expectant mothers/families standardized services beginning with the first obstetrics visit, through birth and follow-on pediatric care. The MTF-based initiative offers individualized prenatal education, among other enhanced features, e.g., improved access to gynecological care, first trimester appointments, stork parking, OB provider continuity, patient desired epidural available 24/7, and a more liberal policy concerning children in the hospital and clinics.

(4) Issue remains active pending TMA development and deployment of a specific set of concise and user-friendly information products explaining prenatal and maternity benefits routinely covered by TRICARE for uncomplicated pregnancies.

i. Estimated cost. Comprehensive prenatal benefits in both a written and web-based product would cost the Army approximately \$15,000 to develop and provide and approximately \$10,000 annually to maintain and reproduce.

j. Lead agency. DASG-TRC, OTSG

k. Support agency. TMA

Issue 537: Availability of Authorized TRICARE Providers

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: Nov 04)

d. Subject area. Medical

e. Scope. An increasing number of established TRICARE providers have either stopped offering services or are not accepting new patients. Additionally, some TRICARE providers are imposing specialty restriction and lists of authorized TRICARE network providers are outdated. As a result, TRICARE beneficiaries have limited access to high quality routine specialty care.

f. AFAP recommendation.

(1) Increase compensation tools to recruit new providers (i.e. monetary, guaranteed minimum number of patients, productivity compensation and recruiter incentives, etc.)

(2) Require TRICARE to validate its Provider Network List by updating website daily with access, upon request, to a printed version.

(3) Require TRICARE contractors to aggressively recruit providers to render services agreed upon by contract. Disenroll inadequate providers.

g. Required action

(1) TMA/Office of the Surgeon General (OTSG) to monitor contractor performance outcomes/initiatives to assess status/impact of provider compensation initiatives.

(2) TMA/OTSG to monitor Medicare physician fee schedule changes/impacts of changes on TRICARE beneficiaries.

(3) OASD/HA to pursue legislation to require physicians who accept Medicare participating provider rates to also accept TRICARE participating provider rates.

(4) TMA/OTSG to review Military Health System (MHS) beneficiary population-based customer satisfaction surveys and compare against civilian benchmarks.

(5) TMA/OTSG to monitor status of updates, reference the three new TRICARE contractor websites and network provider lists.

h. Progress.

(1) *Validation.*

(a) Recommendation 1: The TRICARE Management Activity (TMA) has put several compensation tools in place to ensure an adequate network of qualified providers. These include a TRICARE Maximum Allowable Charge (TMAC) waiver policy whereby higher payment rates are provided in areas where Active Duty members/their families are having problems with access to care due to low reimbursements. Also, TMA is now able to increase payment rates through bonus payments to physicians in medically underserved areas, not limited to remote areas.

(b) Recommendation 2: Contractors must continually update lists of network providers under the new TRICARE contracts. Also, information contained in all electronic lists must be current within the last 30 calendar days. This will require daily/near daily updates. If beneficiaries experience problems in this regard, they should be instructed to contact their TRICARE Service Center or the appropriate managed care support contractor.

(c) Recommendation 3: This recommendation is now being implemented. All providers must be licensed/credentialed in accordance with TRICARE and national/State standards. Participating providers receive education and ongoing communications support to ensure they are knowledgeable of the TRICARE services they have contracted to provide and to ensure their satisfaction as TRICARE providers. The government has in place and monitors a TRICARE quality management/quality improvement program. Inadequate providers are not permitted to continue to function as TRICARE network providers. The new TRICARE contracts contain requirements for both network adequacy and incident reports, including corrective action plans.

(2) *Compensation tools.*

(a) TMA has implemented two initiatives that serve as compensation tools to recruit new providers. One is the TMAC waiver policy indicated above and implemented in areas where justified. The second is the Health Professional Shortage Area (HPSA) bonus policy that is implemented in areas with shortages of various provider specialties, not only in remote areas.

(b) Also, improvements in the next generation of TRICARE contracts, e.g., electronic filing of claims, will

serve as provider incentives, in this instance, for quicker of payment of claims. Also, the new contracts are performance based, thus contractors are aware they will receive incentive bonus payments for successes in various areas, e.g., beneficiary satisfaction. TMA is already enhancing its customer satisfaction surveys to obtain more complete and accurate information, especially as regards network adequacy/beneficiary access to care.

(3) Provider Network.

(a) OTSG will work with TMA to ensure changes to provider networks are reflected on contractor websites, as required for the new TRICARE contracts, which will be phased-in from 01 Jun – 01 Nov 04. We note, also, that provider turnover in a managed care network is a normal occurrence. Nationally, health plans experience an 8-10% turnover rate annually.

(b) TRICARE contractors are already required to aggressively recruit and educate providers to ensure they understand and implement the contracts they have agreed to. Inadequate providers are not permitted to remain as TRICARE providers, whether or not they are network providers.

(c) The TRICARE recruiting/credentialing process ensures that TRICARE engages providers who meet TRICARE authorized provider requirements, which are consistent with national/state credentialing standards. The overall goal of TRICARE is to ensure the availability of appropriately trained, high quality providers and provider networks that can provide healthcare within the access standards specified in 32 Code of Federal Regulations (CFR) 199.17.

(d) OASD (HA) submitted a FY06 legislative proposal that would require physicians/other professional providers who accept Medicare participating provider rates to also accept TRICARE participating provider reimbursements when they see TRICARE patients. This requirement is expected to increase access to care for TRICARE Standard patients, as well as for TRICARE Prime enrollees in geographic areas where network access to certain specialties has not been achievable.

i. Cost Estimate. Costs for monitoring are included in already awarded contracts between TMA/ TRICARE contractors. TMA estimates the cost at \$3.5M annually for current Health Professional Shortage Area (HPSA) bonuses. TMA is unable to provide estimates for the upcoming, new HPSA bonuses and TRICARE Maximum Allowable Charge (TMAC) waivers at this time.

j. Lead agency. DASG-TRC, OTSG

k. Support agency. TRICARE Management Activity

Issue 538: Death Benefits for Stillborn Infants

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: May 05)

d. Subject area. Entitlements

e. Scope. Stillborn infants are not covered under Family Supplemental Group Life Insurance (FSGLI). Insurance industry standards state that a death certificate must be issued for an infant to be covered. Birth and death certificates are not issued for a stillborn infant. The death of a stillborn infant causes financial hardship as well as emotional trauma for the service member and the family.

f. AFAP recommendation. Change the FSGLI to include a death benefit for stillborn infant(s).

g. Required action. Send memorandum to the PDUSD/P&R recommending OSD send memo to the Department of Veterans Affairs requesting change to Family SGLI to include a death benefit for stillbirths.

h. Progress.

(1) **Background.** Currently, no insurance company will grant payment without a death certificate. Physicians do not sign birth or death certificates for stillbirths.

(2) **Memorandum.** Memorandum from DASA(HR) M&RA to PDUSD/P&R (16 June 2004) requested AFAP concerns be forwarded to Department of Veterans Affairs. OSD (16 Dec 04) would not forward memo to VA unless Army could provide rationale and justification for expanding a DOD program beyond private sector medical/insurance practices.

(2) GOSC review.

(a) **Jun 04.** Industry standards state that a death certificate must be issued for an infant to be covered. In stillbirths, birth and death certificates are not issued.

(b) **May 05.** The Army Surgeon General requested further research on the issuance of death certificates for stillbirths over 20 weeks.

i. Estimated cost. \$10K times the number of still births in the Army (no records on the number of still births).

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 539: Dental and Vision Insurance Coverage for Federal Employees

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Employment

e. Scope. Dental and vision insurance coverage is not a part of the Federal Employees Health Benefit Program (FEHBP). The Office of Personnel Management (OPM) is restricted by statute, Title 5, United States Code Sub-section 8904 from contracting these benefits. Prohibiting these benefits reduces employee recruitment and satisfaction leading to the loss of potential career employees.

f. AFAP recommendation. Add dental and vision coverage benefit options to FEHBP.

g. Required action.

(1) Congress enact legislation to provide a dental and vision benefits program for Federal employees.

(2) Continue to monitor Bill.

(3) Implementation of Initiative.

h. Progress.

(1) **OPM involvement.** OPM has encouraged carriers to offer non-FEHBP benefits allowing enrollees to participate in vision and dental coverage offered by the plan on an individual bases at a group rate. Additionally, in 2003, OPM implemented the Flexible Spending Account (FSA) program that allows FEHB eligible employees to set aside pre-taxed earnings in health care accounts from which withdrawals are made certain allowable expenses not covered under FEHB.

(2) In 2004, S-2657 was approved by the Senate to provide a stand-alone dental and vision benefits program for federal employees. HR-4844 was approved in the House, mirroring S-2657. Bill was signed by the President on 23 Dec 04 and became Public Law No. 108-496.

(3) Comments were solicited from agencies on amendments to Part III of Title 5, United States Code. Chapters 89A and 89B will document the regulatory guidance for a supplemental Vision and Dental Benefits Program.

i. Estimated cost. Employees will pay 100% of the cost of the premiums for dental and vision coverage.

j. Lead agency. DAPE-CP-PPE

k. Support agency. Office of Personnel Management

Issue 540: Duration of Transitional Compensation for Abused Dependents

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Update: Aug 04)

d. Subject area. Medical/Command

e. Scope. An inequity in the duration of the Transitional Compensation exists between enlisted members and officers. The Transitional Compensation Program has been mandated by law to provide assistance for abused family members when the Soldier is separated as a result of a dependent abuse offense. In FY02, eligible family members of officers typically received benefits for 36 months while enlisted family members received benefits for an average of 20 months. The inequality exists because of the duration of payments is based on remaining obligated active duty service. For enlisted members, the "obligated active duty service" is the time remaining on their term of enlistment. For officers, the "obligated active duty service" is indefinite unless an officer has a date of separation established. The inequity of duration in compensation and benefits creates financial hardship and emotional stress for abuse victims.

f. AFAP recommendation. Authorize 36 months of Transitional Compensation for all eligible beneficiaries.

g. Required action. Submit to appropriate agencies.

h. Progress.

(1) *Validation.* Army Regulation 608-1, Army Community Service Center, establishes the duration of payments on the basis of the member's obligated service in accordance with the DoD Instruction 1342.24 and the authorizing statute located at 10 United States Code § 1059. Although the provisions applied to both enlisted and officer members, officers infrequently have established periods of obligated service. Their families then receive benefits for the maximum period of 36 months. Since enlisted members have terms of enlistment, their families received benefits for a minimum of 12 months, or the end of obligated service, whichever was greater. In FY03, the average duration of payments was 19 months. The FY04 National Defense Authorization Act (NDAA) deleted the language in the statute that required the use of the end of obligated service to determine the duration of benefits. The determination of duration was then delegated to the Service Secretaries.

(2) *Obligated Service.*

(a) Implementation of AFAP recommendation requires revision of DoD Instruction 1342.24 to implement the FY04 NDAA change deleting the use of remaining obligated service in Title 10 United States Code § 1059. This change will be published in Army Regulation 608-1.

(b) In the 2nd Qtr FY04 the AFAP recommendation to authorize 36 months of benefits for abused family members was submitted through the CJA to OSD M&RA for inclusion in the revision of DoD Instruction 1342.24.

This revision is currently being staffed with all branches of the Services.

i. Estimated cost. Based on statistical analysis of disbursements to program beneficiaries in FY03, the average payment was \$1,417 monthly for an average of 19 months. Therefore, the average amount of compensation received during the eligibility period was \$26,923. If the duration of payments were increased an additional 17 months, the average benefit would increase to \$51,012 for beneficiary families or an additional \$24,089.

j. Lead agency. CFSC-FP

k. Support agency. CFSC-CJA, CFSC-SP

Issue 542: Extension of Educational Benefits for Surviving Spouses

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. Current Veteran's Administration educational benefits only extend ten years after the death of the service member. Date extensions can only be given in cases of verified physical or mental "disability." The responsibilities of coping with emotional, financial, and family changes may restrict or delay the pursuit of higher education. Extending the benefit will allow surviving spouses to focus on raising and supporting their families without sacrificing educational goals, which will lead to greater self sufficiency.

f. AFAP recommendation.

(1) Extend the entitlement period for VA educational benefits from ten years to 20 years.

(2) Fully fund the extended entitlement.

(3) OSD response received.

g. Required action. Send memorandum to the PDUSD/P&R recommending OSD request Department of Veterans Affairs consider adopting AFAP recommendation.

h. Progress.

(1) Memorandum signed by DASA(HR) M&RA to PDUSD/P&R requesting AFAP concerns be forwarded to DVA. OSD lost memorandum. Resent copy of memorandum 9 September 2004. OSD is working issue.

(2) Beginning 1 Jul 1 05, the surviving spouse of a SM killed on AD has an extended eligibility for education benefits of up to 20 years after the date of the member's death (Public Law 108-454, Veterans Benefits Improvements Act of 2004). Surviving spouses of military retirees or veterans who die of service-connected causes have 10 years after the SM's death to use their education benefits.

i. Estimated cost. This would be a DVA cost.

j. Lead agency. DAPE-PRC

k. Support agency. None.

Issue 543: Family Readiness Group Deployment Assistant

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. The Army's current deployment posture has overwhelmed the resources of Rear Detachments and Family Readiness Group (FRG) leaders. Operating a

FRG properly can be daunting for volunteers and unit leadership and requires full-time planning and support. Providing assistance to the FRG leader and Rear Detachment in operating the FRG will decrease volunteer stress and ensure the effective interface between family assistance and family support. The significance of a properly operated FRG allows deployed Soldiers to remain mission focused while sustaining their families' well-being.

f. AFAP recommendation. Authorize and fund a unit Family Readiness Group Deployment Assistant.

g. Required action.

(1) Monitor FRG Deployment Assistants.

(2) Fund UFR for FRGSDAs with GWOT Supplemental Funds.

h. Progress.

(1) *Validation.* In Apr 03, the Secretary of the Army visited Forts Bragg, Stewart and Campbell to speak with FRG leaders and Rear Detachment (RD) Commanders. The consensus of the FRG leaders and RDs was that the Army was asking a great deal from its volunteer FRG leaders and they needed some help with administrative and logistical requirements to maintain contact with the families while the unit was deployed.

(2) *Implementation.* Each MACOM used either directed over-hires or centralized contracts to provide FRG Deployment/Support Assistants at Corps, Division and Brigade level units. These assistants were hired during fourth quarter FY04 and will be in place for fifteen months. To continue this program beyond 2nd Quarter FY05, new supplemental funding must be obtained to renew the contracts/Government Service (GS) overhires.

(3) *MACOM Strategies.*

(a) USAREUR directed 47 temporary over-hire GS positions to provide Family Readiness Support Assistants at battalion, brigade, division, and USAREUR levels.

(b) FORSCOM used a centrally-managed contract to provide 89 paid FRG Support Assistants to corps, division, and brigade levels.

(c) USASOC will use 29 temporary over-hire GS positions to provide Family Readiness Coordinators down to the Brigade level.

(d) USARPAC will use a combination of a centrally managed contract and directed temporary over-hire positions for 8 Family Readiness Deployment Assistants at brigade level, in addition to a local contract to hire one deployment assistant for each Casualty Assistance Office in Hawaii and Alaska.

(e) USARC used a centrally managed contract for 70 FRG Assistants at battalion level.

(f) ARNG will use the funds to hire one FRG Program Manager at each Joint Force Headquarters (54 locations).

(3) *GOSC review.* The Jun 04 GOSC was updated on the hiring of FRG Deployment Assistants at forward deployed MACOMS.

i. Estimated cost. In Dec 03, the Acting Secretary of the Army directed that \$12.1M be directed to the MACOMS with deploying forces. USAREUR, FORSCOM, USARPAC, USASOC, ARNG and USAR received these funds. This program will use supplemental funding to support the GWOT requirements.

j. Lead agency. CFSC-FP

k. Support agency. FORSCOM, USAREUR, USASOC,

USARPAC, USARC, ARNG

Issue 544: Family Readiness Group Training

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Family Support

e. Scope. Standardized Family Readiness Group training is not included in the curriculum of the Soldiers' education system. Due to this, many Soldiers are unaware of the benefits of an effective Family Readiness Group and its impact on their mission. A standardized training regimen for Soldiers will greatly increase the effectiveness of all Family Readiness Groups.

f. AFAP recommendation. Mandate standardized, developmental Family Readiness Group training throughout a Soldier's career beginning with Basic Training, and continuing through Non-Commissioned Officers' Education System, Officers' Education System, and other leadership courses.

g. Required action.

(1) Review TRADOC POI and revise as appropriate to include Family Readiness Group and Rear Detachment functions.

(2) Review Explore USAREC DEP/DTP Training Tool sustainment tool to include Family Readiness Group.

(3) Explore Cadet Command Leadership Training to include FRG functions.

(4) Develop and implement a marketing strategy to increase awareness of the FRGs and RDCs.

(5) Explore the feasibility of developing and implementing an Operation READY (OPREADY) module as a standardized TRADOC Training/Leadership Development POI.

h. Progress.

(1) *Coordination with TRADOC.*

(a) Collaborative efforts between CFSC and TRADOC are in place to review current TRADOC POIs for Officer Basic Course (OBC), Officer Advanced Course (OAC), CCC, Warrant Officer Basic Course (WOBC), and Warrant Officer Advance Course (WOAC) and Advance Non-commissioned Officers Course (ANCOC). The current POIs include an overview of the Army Family Team Building (AFTB) family readiness training program and will be updated to include additional Army Family Programs with emphasis on the FRG and RDC training.

(b) CFSC will strongly recommend that TRADOC integrate the updated POIs in the Advanced Individual Training (AIT), Primary Leadership Development Course (PLDC), Basic Non-commissioned Officers Course (BNOC) and Command Sergeants Major (CSM) Academy training program.

(c) CFSC is also developing alternative strategies to address FRG training. These strategies include an online certification training program for FRG Leaders using OP READY materials as a baseline. A portion of the training will be developed specifically to address student needs at the different TRADOC service schools. Linking the FRG online training to the TRADOC MyArmyLife website and recommend the training be required as "pre-course work" for Soldiers attending TRADOC schools.

(d) CFSC will coordinate with G-1 to include the online FRG training to the approved list of Army Person-

nel and Family Readiness Courses thus allowing enlisted Soldiers to receive promotion points for completing the training.

(2) *Recruiter training.* Currently the US Army Recruiting Command (USAREC) mandates AFTB Level I and II as a Delayed Entry Program (DEP)/ Delayed Training Program (DPT) sustainment tool. Recruiters are required to complete AFTB training online via the NetTrainer. In turn, they present the AFTB training to DEP Soldiers and their families during their transition from civilians to members of the Army Team. This ensures that DEP Soldiers and their families are fully trained prior to attending Basic Training. AFTB Level I and II are being updated to include more comprehensive information about FRGs and RDCs and will be deployed to the field 1QFY05 and 3QFY05. CFSC will also coordinate with USAREC to incorporate FRG and RDC information as part of their Command Training Guidance

(3) *Cadet Command training.* The US Army Cadet Command currently provides AFTB Level I and II to the ROTC Cadets and their families and/or significant others as a Leadership Development tool. CFSC will work to formalize a partnership with Cadet Command to expand the training to include Family Readiness and Operation Ready information in the current training program.

(4) *Marketing.* As part of the strategic communication plan, FP will market through a variety of venues the impact and significance of FRG and RDC functions and OP READY training materials to increase community wide awareness. This initiative will be in parallel with the current FP focus of enhancing existing web-based programs that have FRG, RDC and OP READY information/training materials designed for the general public.

i. Estimated cost. None.

j. Lead agency. CFSC-FP

k. Support agency. TRADOC, G-1, Well-Being

Issue 545: Federal Retiree Pre-Tax Health Insurance Premiums

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Feb 05)

d. Subject area. Employment

e. Scope. By law, federal retirees are not allowed to pay their health insurance premium with pre-tax dollars as federal employees are authorized. Federal employees pay their health insurance premiums with pre-tax dollars through a program call Health Benefit Premium Conversion. To not allow Federal civilian and military retirees to pay health insurance premiums on a pre-tax basis inflicts a financial burden on retirees' income.

f. AFAP recommendation. Authorize federal retirees to pay health insurance premiums on a pre-tax basis.

g. Required action. Bill referred to the Committee on Ways and Means and to the Committees on Government Reform and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

h. Progress.

(1) *Validation.* Section 125 of the Internal Revenue Code allows an employer to provide a portion of an employee's salary in benefits rather than in cash. Instead of being paid to the employee as taxable income, this

amount is used to purchase benefits for the employee. The effect is that the employee's taxable income is reduced. Under a health insurance premium conversion arrangement, an employee's taxable income is reduced by the amount of health insurance premiums withheld from pay.

(2) *Legislation.* The Honorable Tom Davis (Virginia) introduced Bill # H.R. 1231, Federal Retirees and Military Personnel Pre-Tax Health Care, into the 108th Congress on March 12, 2003. The bill seeks to allow federal retirees, active duty military personnel and retirees to also benefit from the advantages of excluding Federal Employee Health Benefit Plan (FEHBP) premiums from their taxable income. By lowering the retiree's overall federal tax liability, the amount of tax the employee must pay is reduced. The employee saves on Federal income tax, Social Security and Medicare tax and, if applicable, State and local income taxes. Premiums break proposal for retiree's gains strength, with almost half the chamber, 217 members, now signed up as co-sponsors.

i. Estimated cost. To be determined after a decision is made on whether to fund the program and what financial responsibility the agencies and/or OPM would have.

j. Lead agency. G-1, DAPE-CP-PPE

k. Support agency. Congressional Tax Committee, Congressional Budget Office.

Issue 546: Funding for Army-Wide Arts and Crafts Programs

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Consumer Services

e. Scope. Sixteen arts and crafts facilities have closed since FY93 due to loss of funding. At the 65 remaining facilities, 15 arts and crafts programs have been eliminated and numerous others are projected for further reduction. The benefits of these programs are unique to military communities because they provide an installation-based, centralized location for the programs. The elimination of these programs erodes the opportunity to develop skills as an outlet to express and resolve stressful situations and deal with the realities of deployment and frequent PCS moves.

f. AFAP recommendation. Allocate funds specifically to re-establish and sustain Army-wide arts and crafts programs such as, but not limited to, framing, woodworking, ceramics, photography, stained glass, engraving and basket weaving.

g. Required action.

(1) Conduct data call to identify project scope by installation.

(2) Determine exact cost to reopen and sustain facilities.

(3) Present requirement to fund as an Army-wide initiative.

(4) Army approval of funding.

(5) Issue policy memorandum on reopening and restoring funding to arts and crafts facilities.

h. Progress.

(1) *Validation.* As a DOD Category B, community support activity, arts and crafts facilities are intended to operate with significant appropriated fund support. The AR 215-1, 4-1, b concludes that in no case may category

B activities be sustained without substantial APF support. Arts and crafts programs survive only at installations that have dedicated significant appropriated fund dollars to manpower and operating expenses.

(2) *Data Collection.* CFSC-CR developed a survey to identify project requirements, with survey conducted July through August 2004. Data call fielded Aug/Sept 04. Completed surveys returned to CFSC in 1st and 2nd Qtr FY05. A financial model is being developed to calculate project cost using survey input.

(3) *Cost determination.* CFSC will analyze survey data and provide sensing of magnitude of the closing of Arts & Crafts programs – which installations closed and why. Survey data, closing rationale and BRAC list will be used to validate scope and cost of project. Cost determination to be completed 3rd Qtr FY05.

i. Estimated cost. Initial estimate of costs to reopen facilities on twelve installations comes to \$4.2M. An additional \$12.2M will raise the Army Baseline Standards for existing arts and crafts programs. Final figures will be validated through data from installation surveys received in 1st and 2nd Qtr FY05.

j. Lead agency. CFSC-CR

k. Support agency. None

Issue 547: HEROES Act Awareness for Reserve Component

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Feb 05 ARNG & Mar 05 RC)

d. Subject area. Force Support

e. Scope. There is no standardized method of ensuring that all Reserve Component Soldiers are aware of and using the provisions of the Higher Education Relief Opportunities for Students (HEROES) Act. The HEROES Act provides the authority to waive or modify statutory provisions applicable to student financial assistance programs, protecting the financial and educational situations of the Reservists. The Office of the Secretary of Defense designated Servicemembers Opportunity Colleges to assist mobilized service members and intercede on their behalf if they are experiencing problems (primarily communication between student and institution). Many Reserve Component Soldiers are unaware of the protections for their education benefits due to inconsistent dissemination of information. Because of this lack of knowledge, Soldiers are losing college status and money.

f. AFAP recommendation.

(1) Provide an education station during Soldier Readiness Processing.

(2) Mandate that U.S. Army Reserve and Army National Guard units brief the educational provisions of the HEROES Act to all Soldiers during initial in-processing and on an annual basis.

g. Required action.

(a) In depth information on HEROES Act placed on Human Resources Command (HRC) web page.

(b) Distribution of in depth information on HEROES Act to all soldiers via AKO accounts.

(c) Education Services Specialist or designated Education Contractors will be required to set up an education station at their RRCs, during Soldier Readiness processing (SRP).

(d) The Director of Army Reserve Education, will mandate that Army Reserve Education Services Specialists include in their unit briefings, education provisions of the HEROES Act to all soldiers during initial in-processing and on an annual basis.

h. Progress.

(a) *ARNG.*

(1) HEROES Act information has been posted to the Servicemembers Opportunity Colleges (SOC) website at

<http://www.soc.aascu.org/socguard/PolicyLetters.html>.

(2) HEROES Act became effective Dec 03. SOC staff briefed over 100 Army Guard education office members/counselors during their annual conferences. Semi-annual training for new State education office staff is being conducted by NGB. SOC staff will continue to disseminate and incorporate the details in future education functions. SOC will continue to be the focal point to liaison with schools and answer specific questions relating to the Act per DOD directive.

(3) States have developed “education stations” during SRPs, in which information about the HEROES Act is available and disseminated to troops preparing for mobilization. SOC is directed by new Statement of Work in their contract to act as help desk for member inquiries about HEROES Act.

(4) States and/or ARNG units in-process new troops and conduct annual briefings to members. As part of the in-processing, new members are briefed by recruiters about education benefits and given access to the ARNG’s virtual armory intranet where HEROES Act information is available. ARNG fulltime unit administrator further in-process new unit troops and act as an immediate Point of Contact for education-related inquiries.

(5) The 54 State/Territory ARNG Education Offices are tasked to conduct annual education briefing to troops, unit visitations, and in-process all ARNG troops for education programs for their respective State. HEROES Act information has been included in these briefings.

(b) *USAR.*

(1) The Secretary of Education may waive or modify any statutory or regulatory provision applicable to the student financial assistance program under Title IV, as the Secretary deems necessary in connection with a war or other military operation or national emergency.

(2) Education Services Specialists and Counselors of military services should inform all military personnel of the provisions of this act. This will ensure that those with financial aid will be aware.

(3) Over 18,000 Troop Program Unit (TPU) Soldiers registered users in HRC-St. Louis Education Web site. All other groups included total 45,000 registered users.

i. Estimated cost.

(a) *ARNG.* There are no direct costs associated as it is incorporated into the normal briefing process.

(b) *USAR.* No costs.

j. Lead agency. AHRC-PA and NGB-ARM-PR (Education)

k. Support agency. OSD-RA, SOCGuard, ARNG Education Support Center (ESC)

Issue 551: Mortgage Relief for Mobilized Reserve Component Service Members

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. The Soldiers and Sailors Civil Relief Act does not address the disparity between mortgage payments and the Basic Allowance for Housing provided to the Reserve Component service member. Approximately one-third of mobilized RC service members suffer a significant decrease in compensation when they are mobilized. The loss of income impacts the service member's ability to meet monthly mortgage payment obligations.

f. AFAP recommendation. Amend the Soldiers' and Sailors' Civil Relief Act to allow RC service members to defer the existing mortgage payment on the family's primary residence in excess of the Basic Allowance for Housing for the duration of mobilization and/or deployment.

g. Required action.

(1) Draft legislation.

(2) Forward draft legislation through OCLL to DoD for coordination with the Veterans' Affairs committee.

(3) Locate a legislative sponsor.

(4) Monitor progress of this legislative proposal.

h. Progress.

(1) *Background.* In 2003, Congress completed a total revision of the old SSCRA. The President signed this legislation on 19 December 2003, establishing the new Servicemembers Civil Relief Act (SCRA). Except for minor changes in 1942, 1991 and 2002, this represents the first major revision of the SSCRA in over 60 years. While the SCRA made significant improvements over the former SSCRA, it did not address the substance of this issue.

(2) *Legislative initiative.*

(a) The Veterans' Affairs committees of Congress are the venue for SCRA legislation. As a result, the legislation recommended in this issue cannot be pursued through the usual Unified Legislation and Budgeting process.

(b) The Veterans' Affairs Committees in 04 indicated that they would only entertain minor technical amendments to the SCRA. They did not want to consider additional protections until they could review the effect of the recent major revision. DoD efforts were focused on identifying areas of the SCRA that needed correcting in order to achieve the results intended by the SCRA.

(c) Initial discussion of this proposed legislation produced little support from either DoD or the other services. A draft of the legislative proposal has been completed and staffed informally with the other services and DoD Legal Policy. Their input will be evaluated before the proposal is formally submitted to DoD.

(3) *GOSC review.* The Jun 04 GOSC was informed that a sponsor was needed to advance this legislative proposal since it is outside the purview of DoD.

i. Estimated cost. Implementation of this issue involves negligible cost to the Army.

j. Lead agency. DAJA-LA

k. Support agency. None.

Issue 552: Reserve Component Dental Readiness

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05 ARNG, Feb 05 RC)

d. Subject area. Dental

e. Scope. Up to one-third of mobilized Reserve Component (RC) Soldiers are non-deployable due to dental readiness. There is no Army policy to address the factors (i.e. insurance status, individual economic factors, patient behavior, lack of compliance) that contribute to dental non-deployability. As a result, this increases required dental treatment at the mobilization site, overburdening already limited dental resources, and adversely affecting readiness.

f. AFAP recommendation.

(1) Develop an Army policy that addresses the factors that contribute to dental non-deployability.

(2) Give RC Commanders adequate resources (i.e. funding, education, and manpower) to ensure compliance for dental deployability of RC Soldiers.

g. Required action.

(1) ARNG.

(a) DoD and DA implementing guidance for NDAA04, sec 701.

(b) Publish implementation guidance for sec 701, NDAA04.

(c) Submit statutory language to align authority for dental care with 6 year sourcing cycle.

(d) Defend in POM

(e) Obtain current year funds for ongoing mobilizations.

(2) RC.

(a) Develop and implement for NDAA04, Sections 701 and 703.

(b) Obtain adequate funding for dental examinations and treatment for all deploying soldiers for the remainder of FY05.

(c) Continue to provide timely, convenient, quality dental care to RC soldiers through the FEDS_HEAL program.

(d) Request adequate funding for dental service to RC soldiers in future budget years.

h. Progress.

(1) ARNG.

(a) Dental readiness in the RCs has improved from approximately 20 percent in Dec 03 to over 40 percent in Aug 04. It is not adequate for an Army at war and improvements need to be accelerated.

(b) ARNG has published a comprehensive policy to implement a robust dental readiness program, including the appointment of a State Dental officer to oversee dental readiness in each State, guidance and funding to accomplish dental screening and a dental health promotion program. In FY04, DA was supportive of providing GWOT funding to the ARNG to improve their dental deployability. It is essential this be continued in FY05.

(2) RC.

(a) The National Defense Authorization Act (NDAA) FY 04, Section 701, authorized medical or dental screening or care at no cost for Ready Reserve members as a permanent authorization. Section 703 authorized an earlier eligibility date for TRICARE benefits, to include the TRICARE Dental Program, at active duty premium rates for member of the Reserve Components up to 60 days prior to the mobilization date. This provision expires 31 December 2004. No additional Congress-

sional appropriations were allowed to cover the costs of these provisions. In FY04, the three Army components funded the cost of these provisions.

(b) Funding rates for medical and dental screening and care increased by 47% in FY05. This does not cover the cost of ensuring and maintaining the readiness of the entire force.

(c) The Federal Strategic Health Alliance (FEDS_HEAL) continues to be a 'good news' story for the Army Reserve. Based upon a Memorandum of Agreement between the Army Reserve and Federal Occupational Health (FOH), soldiers receive medical and dental services from a nationwide network of health care providers contracted by FOH. These services, required to meet readiness standards, include physical examinations, dental examinations and treatments, immunizations, miscellaneous examinations and laboratory tests, and the documentation of these services in appropriate paper and electronic records.

(d) The numbers of soldiers arriving at the mobilization station needing dental screening or care was significantly reduced due to FEDS_HEAL. Several activities are underway to improve the overall functioning and cost-effectiveness of this program. FEDS_HEAL, if adequately funded, provides the tools necessary in order to significantly improve the dental readiness of all Army Reserve soldiers.

(e) Funding for medical and dental readiness for FY06-FY11 Program Objective Memorandum (POM) cycle was approved at approximately 80% of validated requirements.

i. Estimated cost.

(1) ARNG. To fully fund RC dental readiness (screening and restoration) would require funding a UFR of \$85 million in the first year and \$25M in subsequent years. It would require \$14.8M in 2020 funds to provide just the dental restoration for the 62K the ARNG anticipates mobilizing in FY05.

(2) RC. Funding requirements for medical and dental screening and care in FY05 have been established at \$48.8M, representing 99.79% of critical funding requirements and 81% of validated funding requirements. A recent IGCE calculated the gross cost of providing annual exams to the SELRES at \$21.5M and the gross cost of providing care necessary to bring 95% of the SELRES to Dental Class 1 or 2 at \$33.9M. Full funding of the requirements would allow screening and treatment during the pre-mobilization phase and decrease the costs associated with soldiers reporting to the mobilization stations not dentally fit.

j. Lead agency. NGB-ARS and AFRC-MD

k. Support agency. OTSG, OSD-RA

Issue 553: Survivor Benefit Plan (SBP) and Dependency Indemnity Compensation (DIC) Offset

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. Spouses or children of active duty Soldiers are provided Survivor Benefit Plan (SBP) annuity (55% of retired pay entitlement) upon a service-connected death. Dependency and Indemnity Compensation (DIC) (current rate of \$948/month) is payable in all service-connected

deaths. SBP to the surviving spouse is offset dollar for dollar by receipt of DIC. Survivors of a deceased Soldier deserve full survivor benefits from the military service and the VA.

f. AFAP recommendation. Eliminate the SBP/DIC offset and award full SBP and DIC for service-connected deaths.

g. Required action. That the Army closely monitor proposed legislation H.R. 1726, that would eliminate the DIC/SBP offset.

h. Progress.

(a) Validation.

(1) A current legislation initiative, H. R. 1726, would eliminate the DIC offset of SBP (i.e., DIC offsets SBP dollar-for-dollar). SBP for military retirees is an elective program that allows a retiring Soldier to elect to receive reduced retired pay during their lifetime (i.e., pay SBP premiums) in order to continue a portion of their retired pay to eligible survivors upon their death. If the surviving spouse of a participating military retiree qualifies to receive DIC also, due to service-connected death, the spouse is refunded the SBP premium amount that represents the SBP annuity amount offset by DIC.

(2) If the proposed legislation is enacted, surviving spouses of military retirees who are already in receipt of SBP, and who have received a refund of SBP premiums, would be required to repay the refund. Since active duty Soldiers do not pay SBP premiums, surviving spouses in active duty deaths are not paid a premium refund, and so are not subject to repayment of such. If enacted, H.R. 1726 would meet the AFAP goal of eliminating the DIC/SBP offset.

(b) Legislation.

(1) H.R. 1726 would eliminate the DIC/SBP offset, effective on date of enactment but was not included in either the House or the Senate versions of the FY 05 NDAA.

(2) Legislative initiatives S.11 and S.185, introduced in the 109th Congress, propose elimination of the DIC/SBP offset for the qualified survivors of Soldiers who die on active duty. The legislation also eliminates the DIC/RC SBP (RCSBP) offset for qualified survivors of reservists who have 20 years of service creditable for retirement, who have not been notified or are within the 90-day period of notification; and reserve component Soldiers who do not have 20 years of creditable service for a reserve component retirement and who die of an injury or illness incurred or aggravated in the line of duty during inactive duty for training (IADT). On 24 Jan 05, S.11 was referred to the Committee on Finance; and on 26 Jan 05 S.185 was referred to the Committee on Armed Services.

i. Estimated cost. The DOD Office of the Actuary projects the cost of full concurrent receipt of SBP and DIC at \$5.66 Billion over the next ten years.

i. Lead agency. DAPE-RSO

j. Support agency. None

Issue 556: TRICARE Coverage for School Required Enrollment Physicals

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Nov 04)

d. Subject area. Medical

e. Scope. TRICARE covers required school physicals for ages 5 thru 11, but does not cover physicals for preschool children and family members 12 and over. Required school enrollment physicals for family members may be available in the military treatment facility (MTF). Families choosing to use civilian providers or who live in remote areas incur a fee for this service. These families incur the cost of the physicals for school age children, creating a financial disadvantage.

f. AFAP recommendation. Provide TRICARE coverage for all school enrollment physicals from preschool through 12th grade.

g. Required action.

(1) Request that the TRICARE Management Activity (TMA) pursue change in policy to support expansion of the school physical examination benefit to ages 12 – 17.

(2) Request that TMA implement program to educate beneficiaries on the existing physical exam benefit.

h. Progress.

(1) Validation.

(a) Most MTF based PCMs provide required school physicals for enrolled patients, regardless of age. TRICARE Prime for Active Duty Family Members (TPRADFM) enrolled beneficiaries over the age of eleven do not receive a benefit comparable to their MTF Prime enrolled peers.

(b) TRICARE policy specifically provides for school physicals for beneficiaries ages 5 through 11, but does not provide the same for students age 12 or above.

(2) Benefit Expansion.

(a) MEDCOM will request that TMA pursue a policy change to expand the current school physical exam benefit to cover children 12 – 17 years of age. Since much medical care required to meet school registration requirements is presently covered through existing claims/payment procedures, TMA and MEDCOM will work to educate beneficiaries on the current benefit.

(b) The Army's Deputy Surgeon General forwarded to TMA on 14 Jun 04 a signed memorandum requesting a change in policy to support the recommended expansion of the TRICARE school physical examination coverage.

i. Estimated cost. Per an Army cost estimate, the annual cost for the recommended expansion of the school physical examination benefit would total from about \$426K to over \$1.4M.

j. Lead agency. US Army Medical Command

k. Support agency. TRICARE Management Activity

Issue 558: TRICARE Prime Travel Cost Reimbursement for Specialty Referrals

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Jan 05)

d. Subject area. Medical

e. Scope. The TRICARE Prime travel reimbursement benefit is distance based and not cost based. Reimbursement is available for non-Active Duty TRICARE Prime enrollees and TRICARE Prime Remote beneficiaries when they are referred for specialty care more than 100 miles from the primary care manager location. The current benefit does not take into account the impact of multiple trips of shorter distance. Beneficiary travel costs for care provided by specialty providers results in significant costs to beneficiaries. This is especially true

when care requires multiple trips to the provider.

f. AFAP recommendation. Reimburse TRICARE Prime and TRICARE Prime Remote enrollees actual cumulative travel costs for specialty provider care.

g. Required action.

(1) Request that TRICARE Management Activity (TMA) pursue a change to travel claim processing procedures that will bring claims processing costs more in line with industry norms.

(2) Request that TMA pursue a change to the Defense Travel System's plan for an automated system to include processing of Prime Travel Benefit reimbursement claims.

(3) Monitor status of TMA's response to TSG's request.

h. Progress.

(1) Validation.

(a) The TRICARE Prime travel benefit is available to non-Active Duty (AD) TRICARE Prime and TRICARE Prime Remote family member enrollees when referred for specialty care more than 100 miles from a primary care manager's location. Reimbursements under the Prime travel legislation include hotel expenses, meals, gas/oil, tolls, parking, and tickets for public transportation (airplane, train, bus, etc.).

(b) The proposed solution includes reimbursing family members enrolled in TRICARE Prime Remote when their cumulative travel expenses reach or exceed \$37.50. This amount is based on the current Defense Finance and Accounting Service mileage rate of .375 x 100 miles. This would not include cumulative travel expenses incurred by non-medical attendants for travel less than 100 miles.

(2) **Travel Benefit.** Eligible beneficiaries traveling under 100 miles cannot be reimbursed under the TRICARE travel benefit, even though they may incur greater costs due to frequent trips of shorter distances. Reimbursements for cumulative costs may result in increases in actual benefit costs and may require elimination or underfunding of other TRICARE benefits/programs.

Army, TSG will forward to TMA a request that the current non-AD travel benefit be amended to reflect the recommended change. Specifically, that TMA implement a policy change to reimburse eligible beneficiaries when their cumulative travel expenses reach or exceed \$37.50, based on a mileage rate of \$.375 x 100 miles.

(3) **Administrative Cost.** While staffing this action, it surfaced that the administrative costs of the benefit included processing fees of \$32.56 per claim. These claims costs were deemed unacceptable. It was decided that further expansion of the TRICARE travel benefit cannot be considered until these claims processing costs are substantially reduced.

(a) OTSG, in coordination with TMA, will review ways administrative costs for claims processing can be reduced. The Defense Travel System (DTS) Program Manager has been briefed on this specialty travel benefit request. This issue will have to be handled as a Systems Change Request, (SCR) which requires both timely approval and implementation processes.

(b) DTS is developing an automated review, approval and processing system for the DD Form 1610, DD Form 1351-2 and SF 1164, which should drastically reduce costs associated with the processing of these forms

(basically, from >\$32 down to <\$2). Unfortunately, the current design does not allow for non-military or non-GS beneficiary claims processing. A SCR is needed to process TRICARE Prime travel benefit reimbursement claims. Almost all Prime travel users are non-AD military/non-GS military beneficiaries. OTSG will request that TMA pursue a SCR to support the processing of Prime travel benefit claims under the planned automated system.

i. Estimated cost. At this time the Military Health System (MHS) has no reliable or accurate means to estimate the number of beneficiaries who are required to make significant trips to get to their provider. The current MHS estimate of the number of Active Duty family members enrolled in TRICARE Prime Remote (TPRADFs) is 139,655. As a rough order of magnitude (ROM), if 75% of TPRADFs use this benefit 1 time a year, the added cost would be at least \$3.9 million. This estimate is based on a TPRADF's use of benefit once a year, which is a conservative planning factor.

j. Lead agency. DASG-TRC

k.. Support agency. TRICARE Management Activity

Issue 559: Unit Ministry Team Force Structure

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Feb 05)

d. Subject area. Medical

e. Scope. The shortage of Chaplain force structure negatively impacts Soldiers and families. In the past decade, reductions in force structure have caused several units (Battalion and higher) to lose authorizations for Chaplains and Chaplain assistants. Other units, i.e., USAREC and some Initial Entry Training (IET) Battalions, have never had requirements recognized. The Army Research Institute (ARI), in 1999, indicated Army Chaplains are preferred caregivers in supporting Soldiers and family members in relational issues. The current lack of pastoral care, intervention and counseling adversely affects the well-being of Soldiers and families.

f. AFAP recommendation. Mandate budgeted end strength increase for Chaplains and Chaplain Assistants to assign a Unit Ministry Team (UMT) at each Battalion level unit and higher throughout the Army.

g. Required action.

(1) MACOM (TDA) identifies need for organizational change through manpower surveys, Schedule X's, desk audits, and other methods for determining workloads.

(2) MACOM (TDA) develops Concept Plan to support required changes based on studies and submits to HQDA Command Manager.

(3) Concept Plan integrated into the FY07 Command Plan and changes to force structure, if approved, implemented in FY07.

(4) Plan and vet through TAA 13.

h. Progress.

(1) *Validation.*

(a) Army chaplains provide Constitutionally valid, historically proven service in support of soldiers, family members and authorized civilians. Army Chaplains represent less than 1/4 of one percent of the COMPO 1 force, yet serve a disproportionately critical role in supporting the Army's mission. Several studies indicate soldiers depend on Army chaplains as their most preferred "trusted

agents," following family and close friends, in responding to personal concerns.

(b) An initiative proposing military-to-civilian conversions of religious support threatens to cripple, and in some cases destroy, this unique core capability. Though private-sector performance of religious support within the Army appears to be an inviting mechanism for producing "efficiencies," it is a concept that Army leadership must not embrace for Career Military Field (CMF) 56 (Chaplain and Chaplain Assistants).

(c) Corrections to force structure must be implemented by the respective MACOMs in the Command Planning process and vetted through the Command in the Force Development Process. The Chief of Chaplains does not own force structure to meet new requirements. If the command provides the required force structure, the Chief of Chaplains will fill the requirements.

(2) *Mil-to-Civ Initiative.* The mil-to-civ initiative proposes to harvest chaplains (numbers range from 28 to 267) and 334 chaplain assistants from the Installation Management Agency alone. These UMTs provide professional support to soldiers and family members in pre-deployment, deployment and post-deployment counseling. This includes pastoral care related to Building Strong and Ready Families, family separation, depression, grief, anger management, family violence, suicide awareness and combat-related trauma, to include post-traumatic stress intervention.

(3) *Force Structure.* The G3 approves all Force Structure. PPDT continues to work with DAMO-FMP and with the MACOMs in the FY07 Command Plan and TAA process.

i. Estimated cost. It will be determined once requirements are defined.

j. Lead agency. DACH-PPDT

k. Support agency. Army G-3

Issue 560: Veterans Group Life Insurance Premiums

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. A large number of honorably discharged veterans cannot afford Veterans Group Life Insurance (VGLI) premiums. VGLI premiums are 3 to 69 times more expensive for the same coverage than under Soldiers Group Life Insurance (SGLI). This exorbitant increase in premiums causes VGLI to be financially out of reach for many veterans.

f. AFAP recommendation. Combine SGLI and VGLI under one policy with a minimal increase in current SGLI premiums and a significant decrease in current VGLI premiums.

g. Required action.

(1) Send memorandum to the PDUSD/P&R recommending OSD send memo to DVA requesting change to VGLI and SGLI.

(2) OSD response received.

(3) Prepare memo from Vice Chief of Staff to Dr. Chu, Under Secretary of Defense for Personnel and Readiness to present for VA support.

h. Progress.

(1) *Validation.* Although VGLI rates for ages 0-39 and 60-75+ have remained relatively consistent the DVA has

reduced premiums for the ages 40-59 significantly for the last few years. Also when the VGLI fund suffers a shortage, DVA requests permission to transfer funds from the SGLI account.

(2) *Memorandum.* Memorandum signed by DASA(HR) M&RA to PDUSD/P&R (16 September 2004) requested AFAP concerns be forwarded to Department of Veterans Affairs. OSD lost memorandum. Resent copy of memorandum 9 September 2004. OSD is working issue.

(3) *OSD Reaction.* OSD response dated 16 Dec 04 indicated that they would not forward our request to the Department of Veterans Affairs, due to insufficient data/justification to substantiate the fact that "a large number of honorably discharged veterans cannot afford VGLI premiums."

i. Estimated cost. DVA transferred \$21M from SGLI to VGLI in 2003 and cumulatively has transferred \$378M from 1965 to the present. Joining both premiums will cause a significant increase to SGLI premiums for all Soldiers to bear.

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 561: Funding for eArmyU

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. Current funding for eArmyU does not support expansion of the program Army-wide other than with the no laptop option. Interest in the program as measured by Soldiers attending eArmyU briefings and numerous inquiries received on the program consistently exceeds the number of enrollment allocations and sites available. Since the program's inception, Education Division, Human Resources Command has received several general officer requests for eArmyU expansion. In addition, two major Army commands submitted issue papers requesting program expansion to the Nov 03 AFAP Planning Conference. All Soldiers should have an equal opportunity to apply for enrollment, since eArmyU eliminates many of the barriers to continuing postsecondary education that Soldiers traditionally face.

f. AFAP recommendation. Expand funding for eArmyU to provide Soldiers equal access to the program.

g. Required action.

(1) Implement eArmyU for deployed Soldiers.

(2) Expand eArmyU no laptop option Army-wide.

(3) Secure funding for eArmyU UFRs.

h. Progress.

(1) *Validation.* Research findings from the eArmyU Program study conducted by the RAND-Arroyo Center recommend expansion of the program with the laptop and no laptop options. Program expansion increases the enlisted forces access to education enabling them to fit their continuing education around their duties, family time, field training and other obligations. Expansion of eArmyU is a goal within the Army Well-Being Strategic Plan. Currently 27 percent of eArmyU students are new to Army education and 21 percent of Soldiers have reenlisted or extended to participate in the program. The program has Congressional interest and has received eight awards from the Government, Corporate University

Exchange, and Army Knowledge Online for leadership, innovation, and promoting a new model for learning and education.

(2) *eARMYU and deployments.* A proposed approach for implementing eArmyU for deployed Soldiers has been developed and briefed to The Adjutant General (TAG). Action to proceed with implementing eArmyU to deployed Soldiers is awaiting the approval from the Central Command (CENTCOM) Commander. The laptop option is being refocused to support deployed, deploying, and forward stationed Soldiers. Education Division must provide a budget lay down to ASA, M&RA on the impact of this refocusing.

(3) *No laptop option.*

(a) Education Division expanded the no laptop option Army-wide beginning 1 Oct 04. Information papers and media releases announced the details of the Army-wide rollout.

(b) As of 1 Oct 04, Education Division expanded the laptop option Army-wide for eligible E4-E6 regular Army Soldiers who reenlisted for combat support/operation units. As of 1 Feb 05, laptop option eligibility was expanded to eligible E4-E6 regular Army Soldiers who reenlist. The new reenlistment eligibility criteria no longer ties reenlistment to specific units. Proponent continues to coordinate with Retention Management Branch, Human Resources Command and senior Army leadership to monitor and report on the number of reenlistment eligible Soldiers who meet eligibility requirements for enrolling in the eArmyU program. The laptop allocations continue to remain adjustable, supporting a scalable program.

(c) Education Division continues coordinating with Retention Management Branch and The Adjutant General to monitor the Army-wide expansion and laptop retention initiative to provide the framework for future program costs and projected funding for eArmyU. Senior leadership must approve continuation of the program beyond FY05. The eArmyU contract will expire Dec 05 and is currently in the recompile phase. Future funding and continuation of eArmyU may be influenced by the outcome of the recompile.

i. Estimated cost. Current funding supports 16 sites for FY04. Funding for FY05 supports 17, 295 no laptops and 11,530 laptops. The laptops will be used strictly for retention purposes. eArmyU competes with other Manning Program Evaluation Group programs for dollars. The funding environment is extremely competitive due to demands from Army modernization, support for the GWOT, and ongoing missions. Implementing eArmyU Army-wide without laptops is within our funding constraints. Allowing laptops only to support the retention demands of Army will constrain our costs and will allow the Army to have another tool for getting Soldiers to reenlist for the operational Army.

j. Lead agency. AHRC-PDE

k. Support agency. None

Issue 562: Multi Component Family Support Network

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Updated: Sept 04)

d. Subject area. Family Support

e. Scope. Inter-component cooperation (Active, Guard and Reserve) and current organizational structures are not optimized for efficient delivery of family programs and services, creating overlapping lines of authority, inconsistent messages about priorities and standards. Each component currently functions entirely independent of one another in the delivery of family programs. Services are available, but are not designed to meet the needs of geographically dispersed families. Service gaps exist in Mobilization and Deployment services, Exceptional Family Member Program, Financial Readiness, Spouse Employment, Army sponsored affordable child care, Youth Outreach Services, and School Transition Support. This plan supports the family readiness needs of an expeditionary force and provides consistent family services during extended deployments to Active, Guard and Reserve families regardless of their component or location.

f. AFAP recommendation. Develop a Multi-Component Family Support Network that is a seamless array of family support services that can be easily accessed by the Soldier and family - Active, Guard and Reserve - regardless of physical location.

g. Required action.

- (1) Tiger Team meets to discuss recommendation.
- (2) Develop and staff concept paper.
- (3) Brief selected Senior Army Leaders and VCSA.
- (4) Established MCFSN Advisory Group.
- (5) Implement MCFSN Pilots.
- (6) Brief senior Army leadership on pilot results.
- (7) Implement MCFSN as directed.

h. Progress.

(1) *Validation.* On 18 November 2003, the VCSA, during the AFAP GOSC directed the Commanding General, USACFSC, Director, Army National Guard and Chief, Army Reserve to form a tiger team to develop a concept for a Multi-Component Family Support Network to best serve the Active, Guard and Reserve Force.

(2) *Family Support Network.* Tiger Team met in Dec 03 to discuss recommendation and develop outline. CFSC/ARNG and USARC staffs developed briefing in Dec 03 and briefed the VCSA on 23 Dec 03. CFSC/ARNG/USARC staffs met to revise briefing based on VCSA guidance Jan 04. CFSC staff developed the first draft of the concept paper and presented to Tiger Team on 20 Feb 04 and requested Tiger Team to provide recommendations to concept paper to CFSC-FP by 5 March 04. CFSC conducted field visits with Reserve Component families to determine their needs. CFSC staffed final concept paper with Army staff in May 04. CFSC will conduct MCFSN pilots to develop organizational and procedural approaches in two states (North Carolina and Texas) and three IMA regions (Northwest, Southwest and Southeast), start 2nd QTR FY05.

i. Estimated cost.

- (1) ACS: FY05: \$30.9M; FY06: \$31.8M (GWOT Funding)
- (2) CYS: FY05: \$38.4M; FY06: \$54.4M; FY 07: \$70.4M

i. Lead agency. CFSC-FP

j. Support agency. HQ, IMA, ARNG, USARC

Issue 563: Availability of Refractive Eye Surgery

a. Status. Active

b. Entered. AFAP XX, Nov 03

c. Final action. No (Mar 05)

d. Subject area. Medical

e. Scope. Availability of refractive eye surgery is insufficient to support all military personnel. The surgery is performed at only five locations. All service members are authorized refractive eye surgery based on priority. Increasing availability improves Soldier readiness and quality of life.

f. AFAP recommendation.

(1) Increase the number of surgeries performed at the Warfighter Refractive Eye Surgery Program (WRESP) centers.

(2) Increase the number of WRESP centers.

g. Required action.

(1) Monitor number of surgeries performed in WRESP Centers and increases in numbers of WRESP Centers/sites.

(2) Study costs associated with increasing availability of refractive surgery to Soldiers.

(3) Develop budget plan for increased refractive surgery.

h. Progress.

(1) *Background.* Refractive eye surgery was implemented in the Army under the WRESP for combat arms Soldiers as a readiness initiative. Guidance from the Chief of Staff of the Army and The Surgeon General states that special operations and combat arms Soldiers (numbers about 70,000) should be given first priority for refractive surgery. Both the numbers of surgeries performed and the number of WRESP Centers in operation within Army are increasing.

(2) *Increase in surgeries.*

(a) The Army is increasing the number of refractive surgeries performed to support readiness, and there is a course of action in place to accomplish that outcome. Approximately 180,000 Soldiers fall in the first priority for refractive surgery, and about 70,000 of those Soldiers wear glasses.

(b) The capacity for surgeries at all Army Centers continues to increase. Deploying Soldiers are given absolute first priority for refractive surgery. Numbers of surgeries at Army WRESP Centers from 2,000 at start-up to 8400 in 2004 and 12,000 projected for 2005.

(2) *Increase in WRESP centers.*

(a) Currently, there are 7 refractive surgery centers in operation in the Army: Womack Army Medical Center (AMC), Fort Bragg, NC; Walter Reed AMC, Washington, DC; Madigan AMC, Tacoma, WA; Darnall Army Community Hospital (ACH), Fort Hood, TX; Blanchfield ACH, Fort Campbell, KY; Tripler AMC, HI; and Landstuhl Regional Medical Center, Germany.

(b) The number of WRESP Centers is increasing. Almost all AMCs have refractive surgery centers in operation. Brooke AMC, the eighth Army facility to implement WRESP, now shares the WRESP Center at Wilford Hall Air Force Medical Center in San Antonio, TX. The Army Medical Department (AMEDD) plans additional Centers for areas of major troop concentration, such as Fort Benning, GA. Final plans for increased sites and site locations are being developed.

i. Estimated cost. The cost of WRESP has been \$1.5M in start-up costs for each installation, plus significant administrative expenses associated with annual operations and additional clinic visits. Base funding is set at \$7.5M for FY05 with an additional \$5.5M from GWOT funds

for a total of \$13M. To sustain the program with increased capability, base funding must increase to \$13-14M per year. On average, it costs \$1,000 to perform refractive surgery on each Soldier not counting the cost of pre-and post-operative patient visits. Total cost to treat every priority one Soldier in the Army would be approximately \$70M. Annual attrition and recruitment would require funding to sustain the number of treated Soldiers. The cost savings for Soldiers not requiring spectacles post-surgery is negligible. All Soldiers will still require combat eye protection and many will still wear a small spectacle prescription post-surgery.

j. Lead agency. DASG-HS-O

k. Support agency. MCHL-BBDA

Issue 564: Calculation of Family Subsistence Supplemental Allowance (FSSA)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Entitlements

e. Scope. The federally mandated requirements to include Basic Allowance for Housing (BAH) or Overseas Housing Allowance (OHA) in the calculation of total income negatively impacts Soldiers. The current calculation shows BAH and OHA as additional income without showing related family expenses. Potentially eligible families suffer financial hardship due to loss of FSSA.

f. AFAP recommendation. Eliminate housing and utility allowances from income calculations for FSSA.

g. Required actions.

(1) Meet with OSD and other Services on change for both OCONUS and CONUS.

(2) Request average OHA be used OCONUS.

(3) Submit request to change legislation thru ULB.

h. Progress.

(1) *Issue history.* In Mar 05, Issue 564, "Calculation of CONUS Family Subsistence Supplemental Allowance (FSSA)" was combined with this issue to create an issue that addressed FSSA calculation regardless of location.

(2) *Food stamp program eligibility.*

(a) When the Food Stamp program was first implemented all applicants had to include the value of their Government-provided low-income housing as income. This removed many individuals that needed the program from Food Stamp eligibility. Congress changed this requirement allowing low-income housing to be exempt from the Food Stamp eligibility calculation.

(b) Hence most Soldiers living on post are eligible for the Food Stamp program whereas a Soldier in their same identical situation off-post are not eligible for Food Stamps.

(3) *FSSA eligibility.*

(a) The sole purpose of Family Supplemental Subsistence Allowance (FSSA) is to remove a Soldier from food stamp eligibility. The allowance is not to exceed \$500 per month.

(b) When Congress created the FSSA legislation they purposely required the value of on post housing to be counted as income, thereby eliminating the variance in eligibility that exists with the food stamp program. This leveled the playing field between off post and on post Soldiers.

(4) *Housing allowance.*

(a) Changing legislation to eliminate BAH in the calculation for FSSA will not help the off post Soldier as most are ineligible for Food Stamps and therefore would be ineligible for FSSA. Eliminating the BAH calculation for on post housing would continue the inequity between on post and off post Soldiers.

(b) Army sought OSD position on whether BAH should be eliminated from the FSSA calculation. OSD and the sister services do not concur with this suggestion.

(5) *Alternate approach.*

(a) Most housing overseas was built in the same era and built using similar architectural requirements. Therefore, a Soldier may be qualified for FSSA in a lower cost city in Europe and not be eligible in a high cost city. An average OHA calculation would provide a more fair FSSA calculation for eligibles overseas.

(b) A recommendation will go forward to the Per Diem Travel and Transportation Allowance Committee (PDTATAC) to create an average OHA rate for the purpose of FSSA calculation on the value of on post housing overseas.

(6) *GOSC review.* The May 05 GOSC was informed that the other services do not support eliminating housing allowances from FSSA calculations. Army will submit a request to use an average OHA in the calculation of FSSA overseas

i. Lead agency. DAPE-PRC

j. Support agency. None

Issue 566: Childcare Fee Categories

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Child Care

e. Scope. There are 6 total family income categories and 6 fee ranges. Families with significant income differences are paying the same fee within each category. The limited number of categories results in a \$6,000 to \$15,000 variance within categories of the fee schedule. This variance is inequitable and causes a financial burden.

f. AFAP recommendations.

(1) Increase the number of categories to reduce the financial variance.

(2) Increase the number of fee ranges with new fee categories while maintaining the existing fee range parameters.

g. Required action.

(1) Submit request to DoD to increase number of income categories and expand the ranges within those categories.

(2) Review the financial impact of increasing the number of income categories and increasing the number of fee ranges in those categories both for Army CYS and CYS patrons.

h. Progress.

(1) A proposal to increase the number of Soldier/family income categories and "even out" fee child care fee ranges has been sent to DoD for review.

(2) GOSC review. The May 05 GOSC was informed that because fee categories are the same across all services, DoD concurrence is required for any change to the fee structure.

i. Estimated cost. A cost benefit analysis is underway to determine financial impact on Army Child and Youth Services (CYS) program and patrons.

j. Lead agency. CFSC-CYS

k. Support agency. OSD-P&R

Issue 567: Completion of the Deployment Cycle Support Program (DCSP) by Individual Returnees

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Feb 05)

d. Subject area. Force Support

e. Scope. Individual Soldiers and DA Civilians returning from an operational deployment and their family members are not consistently completing DCSP. The current DA program captures whole units, but does not always capture individual returnees (e.g., Individual Ready Reserve (IRR), Individual Mobilization Augmentee (IMA), US Army Intelligence and Security Command (INSCOM)) and/or family members. Lessons learned with respect to domestic violence, suicide awareness and marital issues indicate non-completion of the DCSP jeopardizes the safety and well-being of the "Total Army Family."

f. AFAP recommendation.

(1) Modify the DCS Concept Plan to require commanders to be responsible and accountable for individual returnees completing the DCSP.

(2) Modify the DCS Concept Plan to require commanders to be responsible and accountable for making the DCSP available to family members of individual returnees.

g. Required action.

(1) DCS Policy Document changed to address issue above.

(2) Gain approval of Director HR for staffing.

(3) Make changes and gain approval of Army G-1.

(4) Signature Army COS/Sec Army for issue to field.

(5) Conduct follow-up visits to ensure compliance.

h. Progress.

(1) *Validation.* Lessons learned collected during a series of six site visits conducted by Army G-1 and FORSCOM G-1 identified this as one of several issues affecting individual redeploying Soldiers and DA civilians. This was further validated by the attendees of the second DCS Conference held 8-10 Nov 04 in Little Rock, AR. The 75 plus attendees included representative from the Army staff, agencies, installations, MACOM commanders, unit commanders, family readiness group leaders and Reserve Component unit commanders. Several of the attendees included their own personal experiences with DCS which also included incidents involving individual Soldiers and DA civilians not undergoing DCSP processing.

(2) Draft DCS CONPLAN (renamed Directive) will be forwarded to Army G-1, Director, HRPD by 4 Mar 05 for review. Once staffing action is completed and appropriate changes made to the draft Directive, it will be forwarded to the Army G-1 for approval, then to the CSA and SecArmy for signature and release to the field by 28 Mar 05.

(3) Once issued, and time allowed for the field to begin executing the new requirements, a series of site visits by HR-IR will begin on or about 15 Apr 05 to determine the

level of compliance with the new guidelines for individuals and their families.

i. Estimated cost. DCSP already in place and operating therefore no additional cost to ensure this occurs.

j. Lead agency. DAPE-HR

k. Support agency. OTSG, OCCH, IMA, CFSC, NGB, OCAR

Issue 568: Dental Services for Retirees Overseas

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Feb 05)

d. Subject area. Dental

e. Scope. Retirees are unable to receive routine dental services at overseas military installations. Federally sponsored dental insurance is not available outside of U.S. and its territories and possessions. Retirees and families, therefore, must absorb 100% of the dental cost.

f. AFAP recommendation. Expand TRICARE Retiree Dental Plan (TRDP) to overseas locations.

g. Required action.

(1) OTSG will consult with TMA on Recommendation, including request for cost estimate.

(2) OTSG will obtain Navy/Air Force positions.

(3) OTSG will monitor status of TMA's position on implementation.

h. Progress.

(1) *Validation.* Retiree dental care overseas is currently not available OCONUS. The Army Dental Care System supports OCONUS retiree access to the TRDP as long as it is not at the expense of the AD population. Since TRDP is TMA/Tri-Service program, any problems associated with it can only be addressed at the TMA/Tri-service level. It is uncertain at this time whether there is much support for this issue at the TMA level. An expansion of the TRDP OCONUS would undoubtedly result in a substantial increase in the premiums that may be unacceptable to most enrollees.

(2) *Issue History.* This was an OCONUS direct submit issue to the 04 GOSC. OCONUS MACOMs stated that this is an equity issue for retirees overseas, with estimates of about 870 retirees in Korea and 15,000 retirees in USAREUR.

(3) *Current OCONUS Retiree Dental Plan.* Dental insurance is offered through Delta Dental for CONUS retirees, with beneficiaries paying 100% of premiums. No equivalent dental insurance exists for retirees overseas.

(a) The Assistant Secretary of Defense (Health Affairs) (ASD(HA))/TMA administers the TRDP. Per United States Code, Title 10, Chapter 55, Section 1076c, TRDP premiums are paid by enrolled beneficiaries, without a government subsidy. Coverage is limited to CONUS, Puerto Rico, Guam, the US Virgin Islands, American Samoa, Canada and the Northern Mariana Islands. If the TRDP were extended OCONUS, premium costs would probably increase for all TRDP enrollees.

(b) Retirees/families are authorized (not entitled) to dental care subject to the availability of space/facilities. The ASD(HA) policy #97-045 defines space-available (Space-A) care. Retirees have access to Space-A dental care when the AD dental readiness rate is at/over 95%.

(c) DENCOM has a mechanism in place to provide Space-A care in military medical facilities to OCONUS

family members, retirees, and civilians based on a priority of care system.

1. In many places this includes maintenance of a list of patients who can report to a dental clinic on very short notice and allows non-AD patients to be on standby in the clinic to receive care if open treatment times occur.

2. Local initiatives may be carried out by dental clinics depending upon the location. For example, in Korea, due to a lack of resources, only emergency dental care is available for retirees/family members.

(d) Per TMA, due to the extent of the modification required to expand the TRDP contract to cover retirees/families OCONUS, a recommendation to include OCONUS sites under the program cannot be considered until the next contract rebid cycle, estimated to be in 07.

(e) OTSG contacted TMA about the possibility of expanding TRDP to OCONUS locations such as Germany and Korea. It is not clear at this time whether TMA will obtain an initial cost estimate for extending the program OCONUS. This issue will also be presented to the other Services (Navy/Air Force) at the monthly Dental Deputies Meeting for review/consideration.

i. Estimated cost. Request for a cost estimate has been forwarded to the Dental Section at TMA.

j. Lead agency. DASG-HS-DC, Army OTSG

k. Support agency. TMA

Issue 569: Expansion of Army Sponsored Community Based Childcare Program (ASCBCP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Child Care

e. Scope. Active duty service members and Department of Defense (DoD) civilians lack affordable and available childcare options while assigned to certain locations or installations. The ASCBCP assists families to locate childcare services in a community, provides oversight for quality and manages fee reduction subsidies. The ASCBCP is currently funded for 2,000 spaces resulting in limited accessible and affordable childcare programs. The limited number of childcare spaces reduces the options for affordable and available childcare.

f. AFAP recommendation. Increase the number of ASCBCP subsidized childcare spaces to meet 80% of those who lack affordable and available childcare.

g. Required action. Submit and obtain Program Objective Memorandum (POM) Unscheduled Finance Requirement (UFR) funding to fully fund Army Sponsored Community Based child care initiative.

h. Progress.

(1) *Validation.* Community based child care is a key strategy in meeting the DoD Social Compact goal to increase child care to 80% of the demand. In addition to the child care spaces to serve geographically dispersed families (*Military Child Care in Your Neighborhood*), Army is looking to lower out-of-pocket child care expenses for 2800 ASCBCP spaces for families living in garrison catchment areas that are unable to access on-post child care.

(2) *Funding.* USACFSC requested funding in FY07-11 Program Budget Review for the 9800 child spaces (7000 for geographically dispersed Soldiers and 2800 for garri-

son Soldiers). This initiative is supported by Morale, Welfare and Recreation (MWR) Board of Directors (Feb 05) as a viable expansion option to augment Army operated child care on garrisons. ASCBCP will reduce the number of military construction (MILCON) on-post child care centers from 35 to 26.

i. Cost estimate. Ongoing. Results to be presented in Program Budget Review 07-11.

j. Lead agency. CFSC-CYS

k. Support agency. None.

Issue 570: Expiration of TRICARE Referral Authorizations

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Medical

e. Scope. TRICARE automatically cancels the initial referral authorization when the beneficiary is unable to obtain an appointment with a specialty clinic or provider within the twenty-eight day standard. Automatic expiration requires service members and their families to completely restart the lengthy referral process, which includes obtaining another primary care appointment, another referral, another TRICARE authorization, and scheduling with the actual provider. Repeated consultations with a primary care provider are an inefficient use of limited primary care appointments slots. Inconvenient and unnecessary delays prove detrimental to beneficiary health.

f. AFAP recommendation. Eliminate the automatic expiration of the initial TRICARE referral authorization.

g. Required action.

(1) Approve a unique system identifier for every referral for tracking purposes. Implement/monitor the use of the unique system identifier for referrals and use of the approved enterprise-wide definition of EOC.

(2) Approve an enterprise wide accepted definition of episodes-of-care (EOC).

h. Progress.

(1) *Appointment standards.* Congressionally mandated standards for access to acute and routine health care services are found in 32, Code of Federal Regulations (CFR), Part 199. Appointment time for specialty referrals is within 4 weeks/28 days. The beneficiary may choose to waive the appointing time standard. The standard ensures that the beneficiary will be appointed either to the Network or a military treatment facility (MTF) within a standard timeframe. Clinical and/or personal decisions may alter the timeline, but the assurance is that the requested care will be available within 28 days or within a timeline acceptable to the prescribing provider.

(2) *Tracking system.* The Deputy Director of TMA has been directed to implement the use of a unique identifier as a tracking number for each referral. A number will be assigned on the system when a provider initiates a consult. The identifier will provide a common marker for all MHS stakeholders to track a referral from its initiation to appointing. Referrals that would administratively close due to exceeding the access to care standard will be identified and the status will be verified and acted on before the referral is closed.

(3) *Episodes-of-care (EOC).* EOC definitions will result in groupings of medically necessary activities and will require one authorization rather than having a bene-

ficiary return for multiple referrals when additional visits are required with a referral.

(4) *GOSC review.* The May 05 GOSC was informed that TMA is standardizing use of a unique identifier for every referral within the MHS. This, coupled with a standard MHS definition of episodes of care will ensure visibility of MTF referrals on the system until closed through receipt of prescribed care or physician direction.

i. Estimated cost. TMA projects a combined cost of about \$7M to implement these two actions.

j. Lead agency. MCHO-CL-M

k. Support agency. TMA.

Issue 571: Family Member Access to Army Electronic Learning Programs

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Feb 05)

d. Subject area. Family Support

e. Scope. The military life style of frequent moves, long separations, and deployments is not conducive to family members acquiring marketable skills for developing/sustaining a career. Existing Employment Readiness Programs (ERP) are not funded to provide the required skills, training, or re-certification courses. Active duty Soldiers, Army National Guard, US Army Reserve, and Department of the Army (DA) civilians are authorized access to 1,500 courses in the Army electronic-learning (e-learning) programs at no cost to the individual. Providing family members access to Army e-learning increases their marketability, career mobility, and employment goals, enhancing the family's financial security.

f. AFAP recommendation. Expand access to the Army electronic -learning (e-learning) programs through the Army Knowledge Online (AKO) system to include family members.

g. Required action.

(1) Pursue legal considerations regarding the use of Appropriated funds to allow family members access to the e-Learning Program contract in place with the Office of the General Counsel.

(2) Establish an Integrated Product Team to determine optional methods of funding and HQDA policy and procedures for family members to access Army e-Learning program.

h. Progress.

(1) *Validation.* Support of military family members' access to e-Learning opportunities will enhance the well-being of the Army family by increasing individual career skills for employability as they transfer from post to post. This action will facilitate family member learning and will reduce the financial and emotional stress created by military moves.

(2) *Action.* Integrated Process Team will be formed by CIO/G6 to determine policies and procedures required to allow family member access once legal issues have been resolved.

i. Estimated cost. Cost Analysis will be completed upon determination of funding stream and assessment of family member audience participation.

j. Lead agency. SAIS-EIH

k. Support agency. PEO EIS

Issue 572: Family Member Eyeglass Coverage

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Medical

e. Scope. There is currently no eyeglass coverage under TRICARE for family members of active duty service members and military retirees. The Frame of Choice Program is not available to family members. One pair of eyeglasses costs approximately \$100-\$400. There are families with several members who require eyeglasses, thus multiplying the expense. Eyeglasses are a necessity and this expense adversely impacts the family budget.

f. AFAP recommendation.

(1) Fund a portion of the cost of eyeglasses under TRICARE.

(2) Outsource eyeglass fabrication through contracted vendors at a reduced price.

(3) Provide Frame of Choice Program at cost from the Military Lab.

g. Required action.

(1) Develop/forward to the TRICARE Management Activity (TMA) a legislative proposal to cover a TRICARE eye glass benefit for family members of Active Duty Service Members/military retirees.

(2) Continue to study, with TMA, costs associated with funding of eyeglasses through outsourcing.

(3) Determine capabilities of the Optical Fabrication Enterprise (OFE).

h. Progress.

(1) OTSG is forwarding to TMA a proposal for a TRICARE family member eyeglass benefit. This legislation would be required before Recommendations 1, 2 or 3 could be implemented under TRICARE.

(2) Outsourcing optical fabrication was extensively studied by an independent DOD contractor, Grant-Thornton, in 2003-04. It was determined that outsourcing of optical fabrication is not cost effective. AAFES and/or other national optical companies may be able to provide the best source for eyeglasses for family members. Army, OTSG is continuing to assess, with TMA, current capabilities for meeting this recommendation.

(3) The current mission of the OFE is to provide glasses for AD Service Members to ensure they are vision ready to deploy at all times. Army and Navy optical fabrication laboratories deploy with Service Members in all major contingencies. The DOD OFE does not currently have the capacity to provide frame of choice to family members. However, OTSG will work with TMA to assess feasibility of adding a frame-of-choice option for family members, given the availability of required additional resources, i.e., funding, staff, and laboratory space, etc.

(4) *GOSC review.* The May 05 GOSC was briefed on various strategies being explored to resolve this issue.

i. Estimated cost.

(1) Recommendations 1 and 2: Using the lowest cost spectacles and state-of-the-art lenses from AAFES, the cost of providing eyeglasses every two years to active duty family members, retirees, and their dependents is estimated to be approximately \$20M for the Army annually. A 20% co-pay would decrease government costs to \$16M. Similar costs would be expected for the Navy and Air Force because the eyeglass benefit is a DOD-wide benefit.

(2) Recommendation 3: The OFE was found to be more cost effective than private outsourcing (by \$6.3M).

j. Lead agency. DASG-HS-O

k. Support agency. TRICARE Management Agency.

Issue 573: Funding for Department of Defense Dependent School (DoDDS) Summer School for Kindergarten through Twelfth Grade (K-12)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Education

e. Scope. House Resolution (H.R.) 4546 states the Secretary of Defense shall provide any summer school program on the same financial basis as programs offered during the regular school year, except that the Secretary may charge reasonable fees for all or portions of such summer programs. This gave Department of Defense Education Activity the authority to provide summer school for students K-12, however, funding was not provided. US Army Europe requests that DoDDS students receive educational opportunities comparable to those available through school systems in the United States; we need summer school opportunities provided for our students each year. Summer school should be provided at no costs to the families.

f. AFAP recommendation. DoDDS students should have the opportunity to attend summer school tuition free. Funding should come at the willingness on the part of the services to assist in securing or providing resources needed to make summer school a permanent part of DoDDS.

g. Required action. Provide tuition-free summer school for DoDDS students.

h. Progress.

(1) *Summer school for grades K-8.* DoDEA requested FY05 Emergency Supplemental funding for a face-to-face Summer Program. The request was not supported. OSD (P&R) will provide "one-time" funding to support grades K-8 for summer 05. Worldwide sites now being identified. DoDEA will assess the viability of the face-to-face summer program at the end of Summer 05 to determine the impact on student achievement, number of students served, and the number of days students were absent from the program.

(2) *Summer school for grades 9-12.* DoDEA will provide and fund 300 spaces in grades 9-12 online remediation Summer Program in English, Mathematics, Social Studies, and Science.

(3) *GOSC review.* The May 05 GOSC was informed that approximately 71 sites will have 4-week programs this summer. The VCSA did not support a completed status at this time and asked that this issue remain active as the Army begins to restation Soldiers and families.

i. Lead agency. DoDEA

j. Support agency. None.

Issue 574: Funding for Reserve Component (RC) Reunion and Marriage Enrichment Classes

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Family Support

e. Scope. Funding is not available to provide the Prevention and Relationship Enhancement Program (PREP) training required by the Deployment Cycle Support Plan (DCSP) for RC Soldiers and their families in contrast to the Active Component. Soldier's pay and allowances, spouse travel, child care, supplies, materials, and facilities are not funded to support PREP training. Funding this program, will enhance relationships, reduce the risk for abuse and divorce, increase readiness and retention and bring the RC into full compliance with this phase of the DCSP.

f. AFAP recommendation. Fund PREP for the Army National Guard and the US Army Reserve.

g. Required action.

(1) Army National Guard (ARNG)

(a) Fund the requirement from re-prioritized resources for FY05.

(b) Request funding in the FY07-11 Presidential Budget Decision Update as a new requirement.

(2) United States Army Reserv (USAR)

(a) Submit Unresourced Requirement (URR) for \$12M to complete FY05 training.

(b) Submit \$12M URR for FY06 and place the funding in POM 08-13.

h. Progress.

(1) USAR actions.

(a) The CAR, in the Warrior Citizen Message, 13 Jan 05, authorized and directed the implementation of DCS Task 3.4.7(One day Marriage Workshop Training). Interim guidance was issued to conduct the training without additional funding (using current training funds).

(b) Costs associated with this program are considered reconstitution expenses for contingency operations (CONOPS) Enduring Freedom (OEF) and Iraqi Freedom (OIF). Guidance for funding demobilization activities remains the same as mobilization: use available resources, capture the expenditures in the appropriate categories in the accounting system and await reimbursement for incremental costs. MSC G8s are to work closely with the Command Chaplain's office to assist with funding in support of this training.

(c) Marriage workshops should be planned in areas that have the highest concentration of family members within the region of the RRC/DRC to make it as easy as possible for Soldiers and spouses to attend. In FY05, 21 events have been conducted and 69 are scheduled.

(2) ARNG actions.

(a) Office of the Chaplain received funding for PREP training for nationwide Chaplain Staff, and Family Program Office received \$5.4 M for logistics support for the operation of the seminars. State Family Program Directors (SFPD) and State Chaplains, received guidance on all necessary requirements to conduct Marriage Enrichment Seminars with funding limitations.

(b) Joint Force Headquarters (JFHQ) SFPD is working directly with the JFHQ Chief of Chaplains to schedule Marriage Enrichment Seminars. The Family Program Office and the Office of the Chaplain will ensure that the event is within the states allocation of events and that the Chaplain training is supportable by a trained instructor. The Chaplain instructor will administer a survey assessment tool before and after the seminar to measure the effectiveness of the seminar on improving communication, stress management, and the expectation of reunion. Data

collection is ongoing for historical purpose. The SFPD will be responsible for logistics support, to include hotel procurement, meeting room negotiations, informational materials, Invitational Travel Orders for spouses, and budget management.

(c) A marriage enrichment class is designed to train 50 couples. Each event will not exceed \$17,600. Service member pay and allowance are the responsibility of the state but, to mitigate service member costs, recommend this event be scheduled within 60 days of return from deployment to take advantage of their continued Active Duty status.

(3) *GOSC review.* At the May 05 GOSC, the VCSA said that this is an important issue addressing the health of the force and asked for feedback on the funding of marriage enrichment for the Reserve Components.

i. Estimated cost. ARNG: \$21.6M (one-year); USAR: \$12M (one-year).

j. Lead agency. NGB-J1-FP; AFRC-CH

k. Support agency. None

Issue 575: Leave Accrual

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: May 05)

d. Subject area. Entitlements

e. Scope. Increased mission requirements leave little opportunity for Soldiers to use accrued leave. U.S. Code 10 limits accrued leave to 60 days at the end of the fiscal year. Leave and short periods of rest from duty enhance morale and motivation, which are essential to maintaining maximum Soldier effectiveness. When Soldiers are unable to use earned leave, the loss of entitlement is perceived as an injustice.

f. AFAP recommendation. Allow Soldiers to accumulate 90 days leave until termination of service.

g. Required action.

(1) Obtain support from all Services for Special Leave Accrual (SLA) up to 90 days at the Secretary's discretion. Submit legislative change to modify 10 USC, section 701(f)(1) to the pre-FY04 NDAA eligibility requirements for retention of accumulated leave in excess of 60 days.

(2) Obtain support from all Services for accumulating up to 90 days of Ordinary Leave. Obtain support from all Services to support legislative authority to modify existing law.

h. Progress.

(1) *90 days SLA.* Phase I involves changing the wording for incorporating up to 90 days of leave for SLA. This involves a change to 10 USC, section 701(f)(1) to the pre-NDAA 04 format, and leaves it to the Secretary's discretion. This proposal received unanimous support across the services, and has been forwarded to Congress as a ULB item. The concerns the service Secretaries had, even in light of the approval, included hoarding leave in order to take it at retirement, and the negative impacts from lack of sufficient leave taken.

(2) *90 days Ordinary Leave.* Phase II involves expanding the accumulation of up to 90 days of SLA to be a permanent entitlement for ordinary leave. While Congress is pondering whether or not to change the wording from "an assignment in support of a contingency operation" to "other designated duty," we have begun work on

making this happen. To do so requires another ULB item, a positive consensus across OSD, and a change in legislation.

(3) *Stats.* FY03 and FY04 statistics indicate that the average median lost leave was around 4.5 days; in FY04 and FY05 it climbed to 5.5 days.

(4) *GOSC review.* The May 05 GOSC was informed that Soldiers currently are authorized to accrue up to 120 days of leave when deployed in theater. Per recent DoD Directive, service members use the first leave accrued. This allows a Soldier who has been deployed to carry forward up to 120 days for 3 years, reducing the likelihood that Soldiers will lose accrued leave.

i. Estimated cost. There is no cost in retaining 90 days of leave as SLA since current budgets were based on the prior criteria for SLA, and this position only seeks to restore those previously existing criteria. The cost in accruing 90 days of leave until termination of service does not specifically translate to a dollar amount since the sell-back of 60 days of leave over a career would not change. Rather, soldiers will be on a day of leave rather than losing it.

Lead agency. DAPE-PRC

j. Support agency. None.

Issue 576: Legality of the Family Care Plan (FCP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Feb 05)

d. Subject area. Family Support

e. Scope. Many Soldiers and commanders are unaware that the FCP is not a legal document but simply a recommendation for the Soldier's desire for guardianship. The current FCP checklist and annual review do not identify "At-Risk" Soldiers. Some deployed Soldiers are discovering that the other natural parent of the child(ren) is/are challenging the terms of the FCP and are gaining custody of the child(ren). These challenges cause distraction from the mission, decreased mental stability, financial hardship, and retention problems, before, during, and after deployment.

f. AFAP recommendation.

(1) Educate Soldiers and Senior Leadership that the FCP is not a legal document.

(2) Identify "At-Risk" Soldiers by implementing a modified checklist as well as requiring a semi annual review of documents.

(3) Require Soldiers identified with unresolved FCP issues to obtain legal assistance.

g. Required action.

(1) Draft proposed modification to Chapter 5, AR 600-20.

(2) Forward proposed changes to G-1.

h. Progress.

(1) *Validation.* Some deployed Soldiers are discovering that their child's other natural parent is challenging the terms of the FCP. In many of these situations, the other natural parent is gaining custody of the child over the custodian named in the FCP. Many Soldiers and commanders believe that the FCP is a binding legal custody determination. The FCP cannot negate a natural parent's superior legal right to the custody of their child.

(2) *Background.* The requirements of a FCP are contained within Chapter 5, AR 600-20, Army Command Policy. The proponent for AR 600-20 is G-1.

(3) *Action.* The Legal Assistance Policy Division has been working with the other services and the Family Law Section of the American Bar Association to address the problems raised by this issue.

(4) *Proposed Modifications.* The proposed modifications to the FCP procedures will:

(a) Establish a checklist to educate Soldiers about child custody issues and identify those Soldiers whose family situation creates the potential for FCP problems.

(b) Require the soldier produce a copy of any court order impacting the FCP.

(c) Encourage Soldiers identified as having potential problems to contact a Legal Assistance Attorney.

(d) Establish a waiver form by which a natural parent could consent to a third party exercising custody under the terms of the FCP.

i. Estimated cost. Implementation of this issue involves negligible cost to the Army.

j. Lead agency. DAJA-LA

k. Support agency. None

Issue 577: Non-Chargeable Leave for Deployed Soldiers

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. Commanders do not have the option to authorize non-chargeable leave as a reward to deployed Soldiers. Commanders are able to grant a pass, accrued, advanced or excess leave. Deployed Soldiers are not provided sufficient non-chargeable leave due to increased mission requirements. Increased Command prerogative to authorize non-chargeable leave further enhances the ability of the commander to manage his/her leave program.

f. AFAP recommendation. Authorize the Commander to award 7-15 days of non-chargeable leave to Soldiers deployed for a minimum of 6 consecutive months to be used during Rest and Relaxation or within 120 days post-deployment.

g. Required action.

(1) Gain the concurrence of the Per Diem Travel and transportation Allowance Committee (PDTATAC) in support of a ULB item.

(2) Submit as a ULB item in FY07 recommending a change to 10 USC para 701 to include 7-15 days non-chargeable leave for Soldiers returning from a minimum of 120 days of combat.

h. Progress.

(1) *Validation.* This proposal requires a change in the very way that we define leave. Commanders would have the leeway to grant Soldiers who are returning from a Hazardous Duty Pay situations more flexibility in their leave schedules, and the opportunity to take leave, without impacting accrued leave, if needed or deserved. The Army leave program is designed to allow soldiers to use their authorized leave to the maximum extent possible. Experience has shown the vacations and short periods of rest from duty provide benefits to morale and motivation that are essential to maintaining maximum Soldier effec-

tiveness. The leave program is also designed to encourage the use of leave as it accrues, rather than to accumulate a large leave balance.

(2) *Authorization.* Soldiers on active duty earn 30 days of leave a year with pay and allowances at the rate of 2 ½ days per month. Leave is only lost after the Soldier has accumulated over the maximum 60 days of accrued leave at the end of a particular fiscal year and did not use all of the current year's 30 days of annually accrued leave.

Additionally, current Army policy authorizes Special Leave Accrual (SLA) to deployed Soldiers, which allows them to retain annual leave days in excess of 60 days that normally would be lost at the end of a fiscal year.

i. Estimated cost. Potential cost is \$2020 for 15 days of leave per Soldier. Proponent is getting number from DFAS how many are currently receiving HDP.

j. Lead agency. DAPE-PRC

k. Support agency. None.

Issue 578: Paternity Permissive Temporary Duty (TDY)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Mar 05)

d. Subject area. Force Support

e. Scope. There is no Army policy allowing the use of permissive TDY for fathers upon the birth of a child. The Marine Corps policy 5000.12D, paragraph 7 authorizes the use up to 10 days for this purpose. Army Commanders do not have the same authority. If accrued leave is not available, unnecessary stress is created when a Soldier goes into negative leave balance.

f. AFAP recommendation. Amend AR 600-8-10 to authorize the use of permissive TDY for fathers upon the birth of a child.

g. Required action.

(1) Identify other Services' policy on paternity leave for fathers.

(2) Take initiative to the OSD Leave Board.

(3) Update AR 600-8-10 with change.

h. Progress.

(1) *Validation.* Fathers are an integral component of a child's development. The time immediately after birth is an important time for the child and father to bond. Permissive TDY would allow fathers time to do this without taking ordinary leave.

i. Estimated cost. Estimated cost for 10 days is \$34.6M (\$1347 x 25,700).

j. Lead agency. DAPE-PRC

k. Support agency. None

Issue 580: Reimbursement of Rental Car for OCONUS Permanent Change of Station (PCS) Moves

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Mar 05)

d. Subject area. Entitlements

e. Scope. Service members PCSing to and from OCONUS locations are without transportation due to the shipment of their privately owned vehicle. Service members are utilizing rental vehicles for transportation at their own expense. This expense creates undue hardship on Soldiers and their families during transition.

f. AFAP recommendation. Provide reimbursement for a rental car for up to 30 days when combined for both departure and arrival with each PCS move to and from an OCONUS location.

g. Required action.

(1) Propose initiative as an FY06 ULB item.

(2) Submit change to the JFTR and US code to the Military Advisory Panel members (MAP) of the Per Diem, Travel and Transportation Allowance Committee for review and comment before any legislative action on the initiative is taken through a future ULB process.

(3) Continue to seek other Services support.

h. Progress.

(1) *Background.* Members are only authorized to ship one POV from CONUS to OCONUS. Average transit time per vehicle is 52 days. A provision based on Title X, USC para 2634 and JFTR para U5410/U5461 relates to having the shipping company reimburse the member for expenses incurred for rental vehicles up to \$210 if the motor vehicle that is transported at the expense of the Army does not arrive by the required delivery date.

(2) *Legislative attempts.* Issue was not supported as an FY06 ULB item. Army, G-1 has on several occasions personally discussed it with the other MAP members. This issue has come up several times before, and has never been supported by the other Services. Because of the tight budget, it is perceived by them as a “nice-to-do” quality of life issue vice a requirement. Additionally, they see no return on the investment regarding retention with this issue.

i. Estimated cost. Estimated cost is \$16.8M annually. (15 day Ave # days of transit x \$40 Ave commercial rate/day x 28,068 vehicles shipped per GPC FY04)

j. Lead agency. DAPE-PRC

k. Support agency. None.

Issue 581: Stabilization from Major Training Exercises After Deployment

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No

d. Subject area. Force Support

e. Scope. Commanders are requiring soldiers to participate in major training exercises with 90 days of returning from operational deployment. The deployment stabilization policy does not apply to Soldiers who are selected to participate in major training exercises at combined training centers or off-post locations. When the Soldier is away from home station during those 90 days, not enough time exists for the Soldier and extended family reintegration.

f. AFAP recommendation. Implement a home station stabilization period of 90 days for Soldiers and/or units returning from an operational deployment to prevent their participation in major training exercises.

g. Required action. Consider addressing conference recommendation in AR 350-1 (Army Training and Education).

h. Progress.

(1) HQDA G-3/5/7 (DAMO-TR) has included language in final draft of AR 350-1 that, for units returning and recovering from an extended operational deployment, requires commanders to limit training activities which

cause Soldiers to be away from their immediate families.

(2) In Jun 04, MILPER Message Number: 04-169 provided updated supplemental procedural guidance for Enlisted Soldiers in support of the Active Army Stop Loss/Move Program.

i. Lead agency. DAMO-TR

j. Support agency. HQDA, G-1

Issue 582: Windfall Elimination Provision (WEP)

a. Status. Active

b. Entered. AFAP XXI, Nov 04

c. Final action. No (Updated: Mar 05)

d. Subject area.

e. Scope. The WEP prevents Civil Service Retirement System (CSRS) and CSRS Offset annuity recipients from receiving their full retirement annuity benefits. The WEP decreases annuities by a formula tied to Social Security benefits that results in diminished annuities/retirement income for over 500,000 civil servants retirees, and future CSRS and CSRS Offset retirees. This provision deprives the retirees of their rightful annuities.

f. AFAP recommendation. Abolish the WEP.

g. Required action. Garner support from Title II of Social Security Act to eliminate or restrict the application of the WEP.

h. Progress.

(1) *Validation.* The WEP applies to most individuals who become 62 (or disabled) after 1985 and also become eligible for a government annuity after 1985. Social Security benefits can be reduced by 50% or more.

(2) *Legislation.* H.R. 147 Social Security Fairness Act of 05 was introduced on 4 Jan 05 by Rep Howard “Buck” McKeon (R-CA) with 122 original cosponsors. This bill was referred to the House Committee on Ways and Means. S.619 was introduced into the 109th Congress on 14 Mar 05 by Sen Diane Feinstein. This bill was referred to the Committee on Finance.

i. Estimated cost. Elimination of WEP would have a 10 year cost of \$29.7B. The long-range cost is estimated to be 0.06 percent of taxable payroll.

j. Lead agency. DAPE-CP-PPD

k. Support agency. Social Security Administration